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U.S. CONGRESS. SENATE. COMMITTEE ON EDUCATION AND LABOR. (HEARINGS ON H.R. 4624)

LAWS RELATING TO THE PUBLIC HEALTH SERVICE

JUNE 1944

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Hearings on H. R. 4624, June 1944

HEARINGS

BEFORE A

SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR UNITED STATES SENATE

SEVENTY-EIGHTH CONGRESS

SECOND SESSION

ON

H. R. 4624

AN ACT TO CONSOLIDATE AND REVISE THE LAWS RELATING TO THE PUBLIC HEALTH SERVICE, AND FOR OTHER PURPOSES

JUNE 19 AND 20, 1944

Printed for the use of the Committee on Education and Labor

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LAWS RELATING TO THE PUBLIC HEALTH SERVICE

MONDAY, JUNE 19, 1944

UNITED STATES SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The subcommittee met, pursuant to call, at 10:30 a. m., in the committee room in the Capitol, Senator Lister Hill (chairman) presiding.

Present: Senators Hill (chairman), Pepper, Weeks and Aiken.

Also present: Representative Alfred L. Bulwinkle.

Senator HILL. The subcommittee will kindly come to order.

We are meeting this morning, gentlemen, to consider H. R. 4624, a bill to consolidate and revise the laws relating to the Public Health Service, and for other purposes.

We are very glad to have with us this morning Congressman Bulwinkle, of North Carolina, who is the chairman of the subcommittee of the House Committee on Interstate and Foreign Commerce.

Hearings were had on this bill and Congressman Bulwinkle piloted the bill through the House.

We are glad to have you here this morning Congressman, and we will be glad to have you make a statement about the bill.

STATEMENT OF HON. ALFRED L. BULWINKLE, A MEMBER OF CONGRESS FROM THE STATE OF NORTH CAROLINA

Mr. BULWINKLE. Thank you very much, Mr. Chairman.

I want to say first that Mr. Brown, of Ohio, ranking minority member on the subcommittee was to have been here too but he cannot come this morning. He said he may come in just a little late.

As you know this bill just consolidates and revises the statute as to the Public Health.

For some 40 or 50 years the Public Health has just been mushroomed up——

Senator HILL. Off the record.

(Discussion off the record.)

Mr. BULWINKLE (continuing). From appropriation bills, from general acts, until sometimes we didn't know what was the law, and especially if anything were to be introduced or was introduced.

Something like 2 years ago I called this to the attention of the Public Health Service and the Federal Security Agency, that there should be a complete revision of the public-health laws so that Congress and especially the Appropriations Committee could know what is the law.

As I said, this consolidates and revises all the usable existing law.

In the second place it repeals the obsolete existing law; third, it harmonizes and rationalizes inconsistent provisions regarding the functions of the service.

Fourth, it resolves the doubts and ambiguities in existing law.

Those are the main objectives.

After we started on this with Mr. Calhoun and Mr. Willcox of the Federal Security Agency and the Drafting Service or Legislative Counsel of the House, Mr. Perley, he went into it very carefully.

It was months—I think it was 9 months that they took to give me a report on it.

In the meantime I went over other provisions with them; Dr. Thompson and Dr. Parran sat in with them, and we brought forth the first bill which I introduced, H. R. 3379.

After extensive hearings, in order to have a clean bill we prepared amendments to this original bill, and in order to have a clean bill to introduce to the House, the bill that is before you now was reported unanimously from the subcommittee, unanimously from the full committee, and I passed it in the House by unanimous consent.

That is the legislative history of this bill that is before you.

Dr. Parran is fully in accord with what it contains, as well as Mr. Willcox and others who have gone over it.

Senator HILL. Mr. Congressman, did you put any new matter in the bill?

Mr. BULWINKLE. Very little.

Senator HILL. Very little.

Mr. BULWINKLE. There were some instances where we had to clear up ambiguities, and in which the administrative experience showed that it was necessary, but it was only minor.

Senator HILL. Yes.

Mr. BULWINKLE. There were only minor changes made in it.

Senator HILL. It was only to tie in, as it were?

Mr. BULWINKLE. Yes.

Senator HILL. Yes.

Mr. BULWINKLE. Mr. Willcox, of course, can go into it fully and show you the differences in existing law, but the hearings on this, you have, I imagine the house hearings, which are full and complete.

We took some days on it.

Senator HILL. Let me ask you this, Mr. Congressman.

You have in the House the so-called tuberculosis bill.

Mr. BULWINKLE. Yes.

Senator HILL. What is the status of that bill?

Mr. BULWINKLE. I will pass it today.

Senator HILL. You will pass it in the House today?

Mr. BULWINKLE. Yes.

Senator HILL. Then if you pass it today I take it it would be agreeable to you if we put it in this bill as an amendment.

Mr. BULWINKLE. It would be. It would be.

May I make a suggestion to you so that we can have it at the same time, that if we pass it today, then I request Mr. Perley of the Legislative Counsel to come over here to assist Mr. Willcox in drafting this with your Drafting Service, so that it can fit in.

Senator HILL. Good.

Senator AIKEN. Which is the more urgent, the tuberculosis bill or this bill?

The reason I asked was this is a big bill. We have some 20 members of our committee, and if there is any urgency about the tuberculosis bill, it seems it would be better to have that go along then it would be to tie it in with this.

There are some members of the committee who like to make a pretty thorough study of anything like this.

Senator PEPPER. On the other hand, in view of this being a noncontroversial bill, Senator, I think it might go along.

Senator HILL. We are not doing anything new here, we are not passing new law. What we are doing is codifying existing law. But in some instances we are reconciling what appears to be some little conflict here or there, we are reconciling the statutes to bring them together.

Mr. BULWINKLE. May I say a word, Senator?

Senator HILL. Yes.

Mr. BULWINKLE. We do not use the word "codifying." It is very much disliked in the House and the Senate, but it is a revision in consolidation, primarily, and I think the Senate is going to do just like the House had to do, because when you repeal, if you will notice, on page 79, Senator, section 611, there are some 18 or 19 pages of repeal of existing laws, part of those on appropriation bills.

They are subject to a point of order in the House at any time, and they may be very important, but I went over this with Mr. Willcox and Mr. Perley and they checked it very thoroughly.

Senator AIKEN. You say there are no real changes in existing law?

Mr. BULWINKLE. No.

Dr. Parran and Mr. Willcox can explain to you what changes were absolutely necessary, but as far as any great changes, there were none.

There were minor changes.

Senator AIKEN. I would like to say this off the record.

Senator HILL. Off the record.

(Discussion off the record.)

Senator HILL. Well, we want to thank you. It is very fine of you to come over here this morning.

Senator PEPPER. And give us the advantage of your good work.

Senator HILL. Yes, sir. We appreciate it very much.

Senator AIKEN. If there is need in it, we want the TB bill reported out.

Dr. PARRAN. We certainly want the tuberculosis bill to be enacted into law promptly.

We hope the two may go through together.

Senator HILL. Now, Dr. Parran, we would be delighted to have you make any statement you wish to make.

STATEMENT OF DR. THOMAS PARRAN, SURGEON GENERAL, PUBLIC HEALTH SERVICE

Dr. PARRAN. As Congressman Bulwinkle has explained, this bill is in the main a codification of existing law.

The public-health law has represented a hodgepodge of overlapping and conflicting provisions, ambiguous references, and obsolete provisions.

It should be recalled that more than a year ago this committee considered and reported and the Senate passed as S. 400 a bill by Senator Thomas, of Utah, to reorganize the Public Health Service, which on November 11, 1943, became Public Law 184.

That law gave to the Public Health Service authority and military benefits in time of war and authorized a rather sweeping administrative reorganization.

However, the terms of S. 400 were couched in very general language, and so an attempt has been made in the bill which is before you to spell out more in detail the provisions of Public Law 184.

A House committee in the meantime, in fact, since January 1943, had been considering a codification of the then existing laws of the Public Health Service, but in its attempt to codify, the very efficient House subcommittee found that the codification without some interpretation and without some extension of substantive law would produce a very poor result.

Therefore, some revision of existing law was made after exhaustive hearings.

By way of background I should like to point out that the Public Health Service has four major functions:

1. Since 1798 to give medical care to merchant seamen, Coast Guard personnel, and other legal beneficiaries, which beneficiaries have been expanded from time to time so that now they include patients with leprosy and narcotic addicts, for example.

2. To aid the States through the control of disease, in the establishing and maintaining adequate health services, in the training of personnel; in short, to prevent disease and to promote the public health by applying existing knowledge.

3. To expand through all types of research and study our knowledge of the factors which influence health and disease among our people.

4. To prevent the introduction of certain dangerous contagious diseases into the United States and its territories and their spread in interstate commerce.

To accomplish these purposes we have an organization of 15,000 persons here and abroad

The heart and center of the Public Health Service is a small regular commissioned corps of career officers, medical, dental, and sanitary engineering, some 630 strong.

Added to that there are now on active duty some sixteen hundred comparable reserves.

I should like to emphasize the fact that our organization has important tasks both in wartime and peacetime.

About one-third of our commissioned officers are serving with our military forces on every battle front.

We provide the medical service for the Coast Guard, and we have officers on loan to the Army and the Navy.

We also provide medical and dental service and sanitation to many civilian agencies of the Government.

Among others, I might cite the service in Federal prisons, the Indian medical service, the Employees Compensation service, the Office of Civilian Defense, the State Department and so on.

The result is that the Public Health Service is in fact, if not in law, the central Federal health agency.

After a study of our functions and needs in the House committee, the result is H. R. 4624 which is now before you.

Congressman Bulwinkle has emphasized that it was passed by the subcommittee and the full committee unanimously, and passed by the House.

I should like to point out the major changes in existing law which this bill contains.

The details will be found in the House Committee Report No. 1364, dated April 20, 1944.

The bill contains 94 pages, of which 21 pages deal with repeals of existing law and temporary provisions.

The principle changes and additions to present law are as follows:

1. Under title VI of the Social Security Act we are authorized to have an appropriation of $11,000,000 for grants to States, plus $2,000,000 for research and administration.

In this bill that is raised to $20,000,000, $2,000,000 of which is available for administration; in other words, a net increase of $7,000,000 for grants to the States.

2. Grants for research to universities and scientific institutions now are authorized for the control of cancer.

That authorization has been extended to other research problems; likewise, the appointment of research fellows as now authorized for cancer has been extended to other research activities.

These two items of authority have proven so satisfactory in connection with cancer research that the House decided that it should be extended to the work of the National Institute of Health generally. This is the research arm of the Public Health Service.

3. The classes of persons eligible for appointment to the regular corps are enlarged to include scientists other than doctors, dentists and sanitary engineers.

4. Persons entitled to care in marine hospitals—in other words, legal beneficiaries under the Public Health Service—the group added are members of the U. S. Maritime Service and cadets of the maritime Service.

Senator HILL. Doctor, in that connection, if it won't interrupt your trend of thought——

Dr. PARRAN. Not at all.

SENATOR HILL. How many hospitals do you have today?

Dr. PARRAN. We have 26 marine hospitals.

Senator HILL. You have 26 marine hospitals. Do you have authority to establish additional hospitals? Of course you would have to have appropriations. Do you have authority to select the site?

Dr. PARRAN. We do not, Mr. Chairman. That fact was called to my attention after it had been reported to the House.

It is rather interesting that for many years the Public Health Service has had authority to select sites for quarantine stations, depending upon the changing needs, and to establish research laboratories, but we have no authority in law to establish new marine hospitals unless a special bill is passed.

Senator HILL. A special authorization bill?

Dr. PARRAN. Yes.

Senator HILL. Well, of course, the Veterans' Administration, for instance, does not have to come to Congress to get a specal authorization bill for a hospital. Isn't that true?

Dr. PARRAN. Yes.

Senator HILL. They have to get their money of course from Congress but they have authority under the law to go out where there is a need for a hospital, to make investigation and select a site and use the funds such as Congress may give them to construct a hospital.

Isn't that true?

Dr. PARRAN. It is.

Senator HILL. I think that is true today of the War Department.

What do you think about it, just as you would have authority to establish these laboratories or research centers, do you not think you ought to have authorization with reference to the establishment of hospitals?

Dr. PARRAN. It would be very helpful if we did, Mr. Chairman.

Our current law with reference to establishment of quarantine stations provides as follows:

With the approval of the President he shall—

meaning the Surgeon General—

from time to sime select suitable sites for such stations, grounds, and so forth that are needed for quarantine purposes.

Comparable authority would be very helpful in connection with our marine hospitals.

Senator HILL. In connection with your marine hospitals?

Dr. PARRAN. Yes.

We had a recent example where the Navy needed to take over the whole area at Key West, including a small hospital which we had been operating there. But we haven't been able to establish an additional hospital, even though there may have been funds available for it.

It would be necessary to come to Congress and get a special law to establish any new marine hospital.

Senator HILL. I do not know of any reason why you should not have authority similar to that of the Veterans' Administration.

Dr. PARRAN. I would hope very much that the committee might give favorable consideration to your suggestion, Senator.

I was listing the major changes in this bill over existing law.

The interstate quarantine authority of the Public Health Service is clarified, and in time of war that authority is somewhat extended under Presidential order, in order to protect troops and war workers in controlling the spread of disease in interstate commerce.

That authority may be very important because of the possibility that strange diseases may be introduced in the country and become a threat. Flexibility in dealing with such contingencies would be very helpful.

Under 6: To prevent introduction of disease from abroad as a result of changes in transportation, especially air, modern rapid air travel, the laws are modernized.

In that connection I may have some further suggestions to make in the light of recent development since this bill was considered by the House committee.

These are the major changes which appear in this bill, Mr. Chairman. The details, section by section, are in the House report to which I have referred, and the principle additions; then changes taken in sequence appear beginning on page 3 of the report.

That is the codification, or, rather, as the House committee has called it, a consolidation and revision of the laws of the Public Health Service.

The bill makes no reference to the Bolton Nurse Training Act, presumably because it is limited to wartime, although this program

involves an expenditure greater than all other apporpriations of the Public Health Service. Consequently it will make an important impact upon the whole nurse training and hospital situation in the country now and after the war.

Senator HILL. Well, I wish you would discuss that Nurse Training Act, Doctor. Would you give us the benefits of your thoughts and the recommendations you may have in the matter?

Will you tell us, sir?

Dr. PARRAN. This is a very important subject, Senator.

The Bolton Nurse Training Act is probably the most important public-health law passed by the House during the war.

It requires an appropriation during the coming fiscal year of some $63,000,000.

That is a larger amount than all other Public Health Service appropriations. Therefore it is a major activity of the service.

Moreover, in its provisions the Public Health Service, in effect, has taken over the major cost of the training of student nurses and graduate nurses in the United States.

Under its provisions the law becomes inoperative at the conclusion of the war or at any earlier date determined by joint resolution of Congress, except for student nurses and others who have been enrolled longer than 90 days before the termination of the war.

It seems to me it is somewhat ambiguous and that possibly some doubt may arise as to whether the Public Health Service could, in fact, continue to give training to student nurses who had enrolled 90 days prior to the end of the war.

Leaving that subject for the moment, I think it is obvious to all of us, and to all who have been concerned about nurse education in the country, that this major impact which the Federal money has had upon nurse training may have unfortunate results when the funds are withdrawn.

The wartime pressure, of course, has been to get a larger number of nurses.

I should not anticipate that such pressure would be necessary during peacetime, but I have been concerned about the transition period to peace. I also have thought that the Public Health Service might, as a result of its experience, find it possible to aid in improving standards of nurse training, and especially in providing the post graduate training which will be needed as a continuing authority.

One example which is already before us is the psychiatric situation which we have seen develop in the war.

A large number of psychiatric casualties are occurring, as we all know. Yet there is a bare handful of nurses trained in psychiatric nursing to give care to them. We are, of course, emphasizing that phase of the problem in connection with our current program, but that is a need which will continue, even after the cessation of war.

Then, there are many nurse training schools, especially in the South and the rural areas of the country generally, in the small communities, which have had a very difficult time getting along even before the war. Problems of medical and nursing care will continue to be acute in such areas after the war.

They have been associated, generally speaking, with the small community hospital which, in turn, has had difficulty in getting along.

The funds which we are paying currently now—and most of them are paid to the nurses themselves rather than the schools—have been very helpful in aiding the schools to attain higher standards and to train better nurses, especially in the areas where there is a shortage of nurses.

It is with respect to such areas that I have been concerned as to what the result will be when this very large current Federal expenditure is withdrawn all of a sudden.

Senator AIKEN. Doesn't the War Department pay anything toward the training of the student nurses?

Dr. PARRAN. No, Senator; that is entirely the responsibility of the Public Health Service.

Senator AIKEN. Even as to the uniforms?

Dr. PARRAN. Yes.

Senator PEPPER. But the Public Health Service does that.

Senator AIKEN. I didn't realize that.

Senator HILL. Doctor, can you tell us just exactly what that program is today?

Dr. PARRAN. Yes. We are providing aid to the nurse training institutions, numbering 1,063, practically all of the nurse training institutions of the country. This includes tuition fees, cost of uniforms, and a small monthly stipend to the students.

Senator WEEKS. You are talking about this Bolton bill?

Dr. PARRAN. Yes.

The nurse may or may not attend school. If she attends, the benefits accrue to her. In return for these benefits she undertakes a moral obligation. It is not a legal obligation, it is a moral obligation: That she will make her services available in essential nursing for the duration of the war.

The total number in the United States Cadet Corps under the Nurse Training Act now numbers some 97,000 student nurses, of which 60,000 are new student nurses.

Senator PEPPER. How many have been graduated so far?

Dr. PARRAN. Approximately 12,000 will have been graduated during the current fiscal year.

Senator AIKEN. Those are the nurses that have had previous training?

Dr. PARRAN. That's right.

Senator AIKEN. You haven't been in operation long enough to graduate the new student nurses?

Dr. PARRAN. That's right.

Senator PEPPER. Does she get her certificate as a registered nurse?

Dr. PARRAN. Yes, and even before she gets her R. N., as a registered nurse, she is available for full-time nursing care in hospitals under supervision.

Senator AIKEN. Then when she goes home she will classify under the laws of the State she returns to?

Dr. PARRAN. Yes.

Senator HILL. These nurses are all women?

Dr. PARRAN. Yes.

Senator HILL. Have you any recommendations or any suggested amendments with reference to this last program that you think ought to be incorporated in this pending bill?

Dr. PARRAN. Mr. Chairman, I hope to have some to present later. It is my understanding that several of the nurse organizations of the country have asked to be heard in connection with that, and perhaps other problems, tomorrow. Will you permit me to defer my reply until we have heard the experts?

Senator HILL. Yes.

Senator AIKEN. In what way do these existing laws refer to tuberculosis, if any?

Dr. PARRAN. In no respect whatever.

I would emphasize, Mr. Chairman, the urgency from our point of view of securing passage of this bill which is before you.

The Public Health Service has been hoping for its passage for months. There are a number of things which we are anxious to undertake but hesitate to do in view of the pending law.

The tuberculosis bill to which I have referred, I think, could be amalgamated with this bill very easily.

In addition there are a number of administrative problems, clarification of our current appropriations and others, which would make for much more economical administration of our important war tasks if this law were on the statute books.

Senator AIKEN. There is one other question that I would like to get clear: This provides that instead of money collected from patients being covered into the general fund, under this revised law it would be covered into a revolving fund in the department.

About how much does that amount to? Have you any idea?

Dr. PARRAN. A very small amount.

The pay patients are chiefly volunteer narcotic patients treated at our hospital in Lexington.

Senator AIKEN. And they are more or less emergency cases?

Dr. PARRAN. Yes, they are. They are volunteers.

Also, other paid patients are foreign seamen whose care is requested by the consul of the foreign government in one of our marine hospitals.

They are the two classes that I recall now.

Senator AIKEN. It says:

> Including any amounts received from any executive department on account of care and treatment of pay patients shall be covered into appropriations from which expenses for such treatment and care were paid.

Dr. PARRAN. That would not amount to any large amount. We are interchanging patients rather freely with the Navy, wherever the facilities are most available. Whatever money is reimbursed to us for the care of Army patients and Navy patients would be available for the appropriation rather than paid into the general fund.

Senator AIKEN. These sections referring to the War Shipping Administration would just naturally become—I don't know what page they are on—obsolete if the War Shipping Administration ceased to exist?

Dr. PARRAN. Yes.

That is a new group of patients which we are caring for now on a reimbursable basis, and since they are seamen or student seamen, it seemed more appropriate to have them cared for just as our old-line merchant seamen had been cared for.

Senator HILL. General, I believe under this bill you provide for a rear admiral as a dentist. Is that correct?

Dr. PARRAN. That is provided under existing law, Public Law 184, which was considered by this committee last year as S. 400.

So it is no change in existing law as regards the grade and the rank of the chief dental officer.

There is a change as regards divisions in the Service; one being the Dental Division and one the Sanitary Engineering Division.

They were specifically authorized under S. 400, but at the same time S. 400 authorized the Surgeon General to create such divisions, sections, and other units and rearrange the functions to meet needs from time to time.

We have already created a Dental Division. We have no thought of abolishing the Dental Division, although I know some of the dentists worried about the omission of the specific reference to that Division.

It seemed better to me to omit that reference lest we have pressure to set up other divisions and the administrative structure of the Service would become too crystallized and too inflexible if many divisions were required by law.

In that connection, if this committee considers favorably the tuberculosis bill, I would suggest there is no need to specify a particular division to administer it, since authority now exists for creating divisions as needed.

Senator HILL. You have a Dental Division and you have no disposition not to continue that Division?

Dr. PARRAN. That is correct.

Senator AIKEN. Do you have to have legislation every time you need a new division?

Dr. PARRAN. No. Fortunately not. But prior to the passage of S. 400 we did need a special law in order to create a new division.

Also, some divisions whose functions had become minor had become crystalized in the law while other more important activities could not be put on a divisional status.

Senator HILL. Any further questions?

Senator PEPPER. Mr. Chairman, if I may direct Dr. Parran's testimony to section 311, page 27, under the heading, "Federal-State cooperation in general."

On line 20 the language is:

> The Surgeon General shall also assist States and their political subdivisions in the prevention and suppression of communicable diseases, shall cooperate with and aid State and local authorities in the enforcement of their quarantine and other health regulations and in carrying out the purposes specified in section 314, and shall advise the several States on matters relating to the preservation and improvement of the public health.

Now, I haven't seen yet section 314. That may cover what I have in mind.

Dr. PARRAN. That section 314 has to do with the grants to the States.

Senator HILL. What page?

Dr. PARRAN. Twenty-nine.

Senator AIKEN. Is there any real change in the law there in regard to grants and services to the State?

Dr. PARRAN. Only in respect of the amounts authorized under section 314, at the bottom of page 29.

That amount is changed essentially from $13,000,000 to $20,000,000.

Senator AIKEN. No change in the formula for legislation?

Dr. PARRAN. Under section 314 (a) there is the exact language which has been in operation since 1938 in connection with venereal-disease control.

In section 314 (b), which has to do with general public health work, the only change is that the administrative costs were lumped in with the over-all figure rather than carried as a separate item. But the formula for aiding States is unchanged.

Senator PEPPER. Doctor, the point I wanted to clarify was whether or not the authority on page 27 plus what appears in section 314 is large enough to enable the Surgeon General to help and assist the States and their political subdivisions in any way authorized by law in the prevention and treatment of disease.

Now, I am anticipating that there will come hereafter authority which will provide for the construction, for example, of hospitals, and further aiding the several States and their political subdivisions in relation to the public health, and, of course, I was just wondering if this language is restricted so that if Congress were to make available a sum of money to aid in a hospital-construction program, for example, and in further aid to the several States, whether you would need additional authority or not.

Dr. PARRAN. I think not, Senator Pepper.

In other words, I think this basic authority is adequate, especially if you will read it in connection with section 314, where the language refers to the prevention, treatment, and control of venereal disease; then, in connection with tuberculosis, the comparable words are used in reference to the treatment of patients with tuberculosis and assisting the States to provide facilities for such treatment.

Senator PEPPER. I was thinking about the public health generally, and I didn't want to see you limited, then, to the treatment of tuberculosis or venereal diseases or to communicable diseases.

If you were provided by Congress with the funds with which to aid the States in furnishing hospitals, medical services, and dental services which would have relation to the public health, I was just wondering if this authority would be broad enough to authorize you to carry out a program like that.

Dr. PARRAN. The answer to that question would be in the negative. It is not sufficiently broad to authorize the activities you have just specified.

Senator PEPPER. It just seemed to me—

> The Surgeon General shall also assist the States and their political subdivisions in the prevention and suppression of communicable diseases—

something to the effect, "in promoting the public health," or something like that—"in promoting the health and well being of the people."

Of course, I realize that you cannot spend money except what you are authorized to spend money for, but this is a grant of authority, not the appropriation of money.

Mr. Chairman, since this intended to be the basic law governing that authority, I had in mind that if Congress ever, for example, wanted to establish a hospital-building program, all they would need, for example, would be to put an item in the appropriation bill, as they put an item in that bill now for research.

They don't authorize tyou to spend it now, they just put an item in the appropriation bill and you have authority to go ahead.

I don't mean by this to give you money to go ahead, but I would like your authority to be broad enough for any purpose that Congress may provide funds for, and it would seem to me it might be well that the basic charter of authority not be limited to the prevention.

Senator AIKEN. Isn't this bill broad enough to authorize you to spend any money that you think should be spent, any money that Congress has authorized and appropriated?

Dr. PARRAN. I think the statement of Senator Pepper is correct.

Senator AIKEN. You should go ahead with the hospital program if you have got appropriations enough, but you would require broader authority?

Dr. PARRAN. We would require broader authority if we are to aid the States in connection with community hospitals, let us say.

Section 314 (a) has to do with venereal diseases; 314 (b) has to do generally with public health work, establishing and maintaining health services.

The amount authorized there is $20,000,000.

Senator PEPPER. Where is that?

Dr. PARRAN. That is the bottom of page 29, 314 (b).

Senator PEPPER. Services or programs?

I wonder if there would be any objection to the insertion of the word "program," because the States might have a program as well as the services.

They might want to spend cooperatively, for example.

Senator HILL. Where is that language?

Senator PEPPER. Line 20 [reading]:

> States, counties, health districts, and other political subdivisions of the States in establishing and maintaining adequate public health services, including grants for demonstrations and for the training of personnel for State and local health work, there is hereby authorized to be appropriated for each fiscal year a sum not to exceed $20,000,000.

Of course that is only the annual authorization of an expenditure, but that is a continuing authorization.

Dr. PARRAN. It is a continuing authorization with a ceiling of $20,000,000.

Senator PEPPER. Well, it would seem to me if you inserted the word "program" there; of course that would be their programs instead of your programs.

Dr. PARRAN. Well, essentially they are State programs now.

Senator PEPPER. But I think if you could insert the word "program" there and also in the other place, could "also assist the States and other political subdivisions in the prevention and suppression of communicable diseases and in promoting the public health by the prevention and treatment of disease"—that is only a general authority, there is no money made available there. That is just a definition of the general authority.

Then it would seem to me that you would have authority to carry out any program that funds might be provided for by the Congress.

Dr. PARRAN. We may have been too conservative.

Senator PEPPER. While you are codifying the Public Health Service.

What funds the Congress may desire to give the Public Health Service is a matter of congressional discretion, but I think that it is

intended that the Public Health Service shall be the agency of the Federal Government to carry out whatever program Congress does provide for, and I was thinking it would save coming back again and amending this law, just as you don't want to amend it again by the tuberculosis law.

I just submit that as an observation for what it might be worth.

Senator AIKEN. I think, Mr. Chairman, before we wrote that in we would certainly want the full committee to give consideration before we authorize any program of hospital building around the country.

I expect the General is anxious to get the bill through and perhaps included in the bill what he thought he could get through rather than perhaps what would be needed to make a perfect program.

Senator HILL. The subcommittee cannot report the bill to the Senate. They have to report the bill to the full committee and it would have to have action by the full committee on any recommendation we might make.

Senator AIKEN. I think that would delay the passage of the bill somewhat.

Senator PEPPER. I was not contemplating that he would have any authority to go building hospitals, and I wasn't limiting it to the costs of the hospitals, except I just noticed he was limited to the suppression of communicable diseases, and I thought there were many other respects in which we from time to time would like to help the States in regard to public health.

Senator WEEKS. Mr. Chairman.

Senator HILL. Yes.

Senator WEEKS. Has it not been the practice up to this time to confine your relations to communicable diseases?

Dr. PARRAN. Not entirely, Senator Weeks. For example, there are dental health programs being carried on in the States under title VI, cancer control programs of a cooperative nature are in effect; and demonstrations to improve nutrition of school children are being carried out.

Senator WEEKS. In what way would the Senator's suggestion change the basic approach to the problem?

Dr. PARRAN. As I understand Senator Pepper's suggestion it wouldn't change our basic approach to the problem but would enable the additional things to be done for which we do not now have the basic authority; such as, for example, the giving of grants to aid in the construction of community hospitals.

That proposal was before this committee a few years ago, just prior to the war, and was passed by the Senate, as a matter of fact.

Senator PEPPER. But there would not be any funds appropriated for that and he would have to have additional funds appropriated to do anything like that.

Cancer is not a communicable disease, and I think there might be other cases where the States or other political subdivisions might appeal to the Public Health Service for aid, and he would look at the law and say, "That is not a communicable disease and therefore I cannot help you."

That is what I mean.

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Senator WEEKS. Mr. Chairman, as a suggestion, could we have a memorandum setting forth the new approaches to the problem would be, developed as a result of Senator Pepper's suggestion, into what new fields?

What would that cover?

Senator PEPPER. Well, suppose we put it this way: To carry out such programs as Congress may authorize, relating to the public health.

Senator HILL. If you did that I am afraid you would not get anywhere.

You would have to come back to Congress just the same, would you not?

Senator PEPPER. Probably so.

Senator HILL. That would be the difficulty there.

Senator PEPPER. The only difference is that from time to time Congress may desire to add additional functions to the Public Health Service, give them additional authority and funds.

Now, in order to do that now you have to have an authorization here and you have to have an appropriation.

All I was trying to do was to simplify the mechanics of getting it done by saying that if we want to do anything that pertains to the public health our agency is the Public Health Service, and we could just put in $1,000,000 for some new disease, or $1,000,000 to this Public Health Service for so-and-so. It would not be subject to a point of order on the floor. It would probably be within the authority already granted to the Surgeon General and all we would need to do would be to provide the funds without a separate bill authorizing the thing to be done.

Like the hospital, instead of coming back here, instead of coming back here to get a separate bill he simply comes to the Appropriation Committee and says "We need a budget to build the hospital." All he needs is some funds, not authorization to build that hospital.

If it is not wise to do it now, all right. I just thought this was represented to us as a bill in which there was more or less the basic authority of the Public Health Service.

Senator HILL. That is exactly what it is. We are writing the chart of the Public Health Service, and any authority that is not embodied in this bill the Public Health Service will not have.

Senator PEPPER. It will not have, and it will have to be provided by a separate bill.

Senator HILL. Of course, under the language of section 13 the authority is limited to communicable diseases unless there is some other reference to some particular disease.

Is that not true, General?

Dr. PARRAN. That is true, Mr. Chairman.

Senator PEPPER. Could you not say "To aid the States and their political subdivisions in their health programs when funds may be made available by Congress?"

I just submit that for your consideration. When you get around to looking at the bill more, you can give it more consideration.

Dr. PARRAN. Thank you very much, Senator.

This is largely a matter of legislative policy, I should think.

Senator HILL. It is, but you might be very helpful to us, General, if you would follow through on Senator Pepper's suggestion.

What do you think of that Senator Pepper?

Senator PEPPER. I think it would be well when you come back tomorrow—you have heard what the other Senators have said.

We are not trying to start anything new in this bill.

I think our public-health services are going to expand.

We have a pitiful situation when some 3,000,000 or 4,000,000 men are unavailable for service on account of health.

That is a pitiful situation. After the last war we did nothing about it. We found exactly the same situation in this war.

There are lots of fathers and husbands today who are in the armed services; no doubt some of them will lose their lives; single men would have been in their places if they had not been physically or mentally deficient.

So after this war I hope we will profit by these two war experiences and start a public-health program which will in osme proper way try to remedy the situation as best we can.

I think that covers that.

Dr. PARRAN. Thank you, Senator.

Mr. Chairman, in conclusion I would say that in a very careful reading of this bill there were one or two ediortial errors and one or two points which need clarification. Our assistant general counsel, Mr. Wilcox, has given me a memorandum in relation to that which I should like to submit.

Also, if the committee wishes, I could submit the essential parts of the tuberculosis control bill which is also before this committee. It would require one rather brief paragraph inserted on page 29.

Senator HILL. That is the tuberculosis bill?

Dr. PARRAN. Yes. It would take care of all of the provisions of the tuberculosis bill, because the provisions not included in the paragraph to which I refer are now in the bill. They fit into the general mechanism of giving grants to the States for venereal-disease control and other activities.

Senator HILL. In other words, a paragraph inserted in this bill would say all the tuberculosis bill by itself does. Is that correct?

Dr. PARRAN. That is correct.

Senator HILL. Well, we won't stop to read that paragraph now but, Mr. Reporter, take that paragraph at this point and insert it into the record. Unless you gentlemen want it read in the record.

Dr. PARRAN. That paragraph is the exact language contained in the tuberculosis control bill. It is the same, Mr. Chairman, as section 2 of the tuberculosis control bill.

(The paragraph referred to is as follows:)

Insert, page 29, after line 15 and before line 16:

"(b) To enable the Surgeon General to carry out the purposes of section 301 with respect to developing more effective measures for the prevention, treatment, and control of tuberculosis, and to assist, through grants and as otherwise provided in this section, States, counties, health districts, and other political subdivisions of the States in establishing and maintaining adequate measures for the prevention, treatment, and control of such disease, including the provision of appropriate facilities for care and treatment and including the training of personnel for State and local health work, and to enable him to prevent and control the spread of tuberculosis in interstate traffic, and to meet the cost of pay, allowances, and traveling expenses of commissioned officers and other personnel of the Service detailed to assist in carrying out the purposes of this section with respect to tuberculosis, and to administer this section with respect to such disease, there is hereby authorized to be appropriated for the fiscal year ending June 30, 1945, the sum of $10,000,000, and for each fiscal year thereafter a sum sufficient to carry out the purposes of this subsection."

Senator HILL. Anything further, General?
Dr. PARRAN. That is all I have to say at this time.
Senator HILL. Senator Aiken, any questions?
Senator AIKEN. No.
Senator HILL. How about you, Senator Weeks?
Senator WEEKS. No.
Senator HILL. No questions. All right. Thank you very much, General.
Is Dr. Mead here? Mr. Willcox?

STATEMENT OF A. W. WILLCOX, ASSISTANT GENERAL COUNSEL, FEDERAL SECURITY AGENCY

Senator HILL. You are the assistant general counsel for the Federal Security Administration, are you not?
Mr. WILLCOX. Yes, sir.
Mr. Chairman, we have, as Dr. Parran said, a number of minor suggestions of an editorial nature, matters we have picked up since the bill was passed by the House.
I have copies of those suggestions with the bill here.
Senator HILL. Suppose you give each one of us a copy of the bill then.
(Mr. Willcox distributes papers.)
Mr. WILLCOX. Most of them are minor and I can describe them.
Senator HILL. Will you do that, sir?
Mr. WILLCOX. The first one is in section 215 of the bill which starts on page 21. That section divides the regulatory authority in regard to Public Health Service in more logical and consistent fashion than is done under the present law, as to those made by the President and the Surgeon General and the Federal Security Administrator.
In the latter group, those made by the Surgeon General, we inadvertantly included allotments from pay.
Since the general subject of pay is subject to Presidential regulation that should not be included there.
The correct statement appears on page 11.
We suggest deleting that phrase on lines two and three of page 22.
Senator HILL. What is the language on page 11 that takes care of that?
Mr. WILLCOX. On page 11, sir——
Senator HILL. Oh, I see.
Mr. WILLCOX. Subsection (c), beginning at line five, it says:

In accordance with regulations of the President, commissioned officers of the Regular Corps and officers of the Reserve on active duty may make allotments from their pay.

Senator HILL. Yes.
Mr. WILLCOX. That is appropriate to Presidential regulation.
Senator HILL. I see. I see.
What is your next one?
Mr. WILLCOX. Beginning on page 29 are the changes which would incorporate the tuberculosis bill.
The only substantive one is that paragraph on page 29.
Senator HILL. That is taken verbatim out of the tuberculosis?
Mr. WILLCOX. That is so, sir. We adopt the same procedure there hat we adopted on the venereal disease program.

Senator HILL. I see.

In other words, all the procedure that you set up in the tuberculosis bill is already set up in this bill for your venereal diseases.

Mr. WILLCOX. That is correct.

Senator HILL. So you just put your tuberculosis in here with your venereal diseases and that takes care of that.

Mr. WILLCOX. That is right.

It requires a number of changes in the subsection lettering and numbering but no substantive change.

The next is on page 44, line 2, in regard to narcotic addicts.

That is a provision that is in the present law:

When sentence is pronounced against any person whom the prosecuting officer believes to be an addict, such officer shall report to the authority vested with the power to designate the place of confinement the name of such person, the reasons for his belief, all pertinent facts bearing on such addiction, and the nature of the offense committed.

Senator HILL. That is simply a reenactment of what is involved there?

Mr. WILLCOX. Yes. That is simply a reenactment of present law.

On page 47 there is a mechanical correction of subsection lettering.

On page 57 there is a matter of some little substance——

Senator HILL. What page now?

Mr. WILLCOX. Page 57, sir; section 366. Beginning the middle of the page is a requirement for bills of health.

Since this bill was enacted in the House there have been some further developments which make it look as though by international agreement there may be some substantial relaxation of the requirements of bills of health and, in order not to have to come back for amendatory legislation, we thought it wise to put in a provision saving "except as otherwise prescribed in regulations" any vessel shall be required to have a bill of health.

That would enable the Surgeon General to relax that requirement in accordance with any forthcoming agreement.

There is a corresponding clause on page 59 which we can strike out if that insertion is made.

There is another inadvertant omission of the provision that is in the present law in regard to the furnishing of certificates of compliance with quarantine regulations.

Senator HILL. That is in existing law?

Mr. WILLCOX. Yes.

In section 367 there is a proposed change. That is the section which would authorize the quarantine regulations to be made applicable to aircraft.

Senator HILL. What page is that now?

Mr. WILLCOX. Page 59, section 367:

The Surgeon General is authorized to provide by regulations for the application to civil air navigation and civil aircraft—

of the quarantine provisions.

The suggestion has been made that the work "civil" be deleted, in order that the same rules should be applicable, or a rule should be applicable, to military aircraft, not with any thought that the Public Health Service would undertake to enforce them as such but simply that the Army would adopt appropriate procedure to prevent introduction of disease through military aircraft.

Dr. PARRAN. Mr. Chairman, the present quarantine laws are applicable to aircraft.

We have had for the past year a committee of experts from the Army and Navy and Public Health Service which has been studying this whole problem of the introduction of contagious diseases into the United States. It is in accordance with the recommendations of that committee that the basic requirements before us now should be applicable to all surface and air craft, with interdepartment agreements being entered into under which the military would enforce the same laws with respect to their own ships and planes.

Mr. WILLCOX. There is a mechanical correction suggested on page 60 indicated in lines 9 and 10. That is in reference to the quarantine laws.

Senator HILL. That is to do what?

Mr. WILLCOX. That is to incorporate the changes, or to perfect the incorporation of the penalty provisions, the civil penalties, applicable to the quarantine laws.

It is a mechanical slip.

Senator HILL. In other words, that does not change anything.

Mr. WILLCOX. No.

One of the minor changes in law that this bill would effect is to clarify the application of penalties to the quarantine laws which have been in a rather unsatisfactory state and this is merely a mechanical correction of that.

On pages 65 and 66 there appears a mechanical change in lettering.

On page 68 again we suggest inserting a provision which is in the present law authorizing the acknowledgment of donations in aid of research.

The only change is that in the present law the figure is $500,000.

In connection with the cancer program the corresponding authority was reduced in the House bill from $500,000 to $50,000, so we have done the same thing in this.

Senator HILL. Except for reduction in amount, it is the same?

Mr. WILLCOX. Yes. On page 79, the paragraph at the top of the page is designed to provide medical and hospital service for certain personnel of the former Lighthouse Service.

We found that was not adequate and after consultation with the Coast Guard we are suggesting a revised wording of that.

It is merely a continuation of present law, and we merely found that the wording that had proposed to continue present law would not be entirely effective.

Senator HILL. That is agreed on between the Public Health and the Coast Guard?

Mr. WILLCOX. That's correct, sir.

Senator HILL. So far as the purposes of the language it is exactly the same as existing law?

Mr. WILLCOX. That's right.

We don't want to deprive anyone who now has it of entitlement to Public Health Service benefits.

There is a representative of the Coast Guard here if you wish to hear from him.

Senator HILL. Do you have some questions, Senator?

Senator WEEKS. Well, my understanding is that it applies to the personnel in the Lighthouse Service.

Mr. WILLCOX. The former Lighthouse Service, which has now been absorbed by the Coast Guard.

Certain civilian personnel, lightkeepers, and boat crews, and other persons who are entitled to the benefits of the Public Health Service.

When that was consolidated with the Coast Guard a considerable part of that personnel were commissioned or enlisted in the Coast Guard, and they became entitled to the Public Health benefits under the general entitlement of the Coast Guard, but some have remained in a civilian capacity, and we don't want to deprive them of the benefits to which they are entitled under present law, and that is the whole function of this present provision.

It is a temporary provision, because they are not bringing any new people in in that status, but those who are now on the rolls, we don't think should be deprived of what they have in the way of entitlement.

In the long section of the bill that begins in the middle of page 79, relating to repeals, there are several mechanical corrections.

The first item there was merely one where we found some words had been dropped out.

Senator HILL. But no change in the intent or purpose?

Mr. WILLCOX. No change in that one.

And that is true of the other changes in this section.

Three or four of the changes that I have suggested we have got since the memorandum Dr. Parran offered for the record, and I should like an opportunity to revise that memorandum to bring those changes before the committee for action.

Senator HILL. All right. Will you provide us with that?

Mr. WILLCOX. Yes.

Senator HILL. Any questions, Senator Weeks?

Senator HILL. Thank you, sir.

Dr. Mead.

Dr. Sterling V. Mead of the American Dental Association, city of Washington.

Doctor, we would be delighted to have you make any statement you see fit.

STATEMENT OF DR. STERLING V. MEAD, AMERICAN DENTAL ASSOCIATION

Dr. MEAD. Mr. Chairman and gentlemen, I represent here for the American Dental Association some 65,000 dentists in civil life and some 17,000 in the services.

I appeared before this committee last year on the public health law when it was put into effect and asked that dentistry be given a special bureau to correspond with the Bureau of Medical Service, State Service and National Institute of Health that they have for medicines.

It was discussed very freely and after the presentation of our facts over the objection of the Surgeon General and the Medical Department we were given a separate division, which satisfied us.

The bill passed Congress and I think everybody was satisfied with the bill. I believe the Surgeon General was satisfied with the bill. I believe everybody is pleased with the way it is working out.

We were then notified of the hearing at the House on the recodification of the laws and we did not appear, but they inserted a paragraph which is not pleasing to us.

The paragraph calls for in effect, the opportunity for the Surgeon General to eliminate this division which has been established over the protest of the department by Congress, and we do not want the opportunity for anyone to abolish the division that we now have, because there are a lot of things I think in public health that they are planning themselves, and things that the American Dental Association are planning, and the least the dentists can have would be the division we now have.

I think anything else would work to the detriment of the Service.

There is no connection between medicine and dentistry except one of cooperation.

We have our own schools, we have our own State boards, our own literature, but there is a strong spirit of cooperation.

But when you get into the Services there is a tendency to subordinate dentistry and it is not good for the dental service and it is not good for the public.

And so we urge that in the recodification the change be left out that allows the division to be abolished at the will of the department against that given to us by the Congress.

Senator WEEKS. Where is that in the bill?

Dr. MEAD. I don't know where it is in the bill but in the House report it is on page 5, in the House report section 202, the last paragraph in 202, the statutory requirement contained in Public Law 184, that there be maintained a Dental Division and a Sanitary Engineering Division has been omitted as imposing an unduly rigid administrative structure, though the division of chief dental officer and chief sanitary engineer would be continued.

They tell you we still have a rear admiral, but, rank without authority does not do you any good, and we feel the least we should have would be the division that we were satisfied with.

They have seen fit to take care of the Institute of Health and so forth.

We ask that the same thing be done for dentistry.

Senator HILL. Any questions, Senator Weeks?

Senator WEEKS. No.

Senator HILL. General, would you like to make any comment at this time?

Dr. PARRAN. If you would permit me at this time, yes.

I should say that the American Dental Association has been one of our strongest supporters. It is an agency which has cooperated with us for many years.

My good friend, Dr. Mead, disagrees with me at times on some of these administrative problems.

I think the language of the House report quoted by Dr. Mead is not quite accurate.

I read from section 3 of Public Law 184, which is the law to which Dr. Mead has referred.

Senator HILL. That is the law we passed last August?

Dr. PARRAN. Yes.

Senator HILL. And to which the doctor has referred?

Dr. PARRAN. Yes. And the pertinent language in the first sentence of section 3 of Public Law 184 is as follows:

There is authorized to be established in the Office of the Surgeon General a Dental Division and a Sanitary Engineering Division; the Chief of each such

Dental and Sanitary Engineering Division shall be a commissioned dental officer and a commissioned sanitary engineer officer, respectively, of the Regular corps detailed by the Surgeon General—

and so forth.

In other words, this was an authorization and not a requirement.

Under the authorization and in carrying out the intent of the Congress, I did establish a Dental Division which is still in operation. As I said in my earlier testimony, we have every expectation of continuing it.

Dr. Mead has referred to the four divisions.

It is true that the Reorganization Act, Public, 184, and the bill which is before you, divides the Public Health Service into four major divisions.

Two are called bureaus; one is called the Institute of Health; the other, the Office of the Surgeon General.

That pattern was developed after a good deal of thought, and I did oppose setting up a separate dental bureau and a separate sanitary bureau.

Perhaps, had that been done, we would have been under pressure to set up another bureau for pharmacy and perhaps for nursing as well as for the other specialist activities which cut across the other functions of the Service.

It is my thought that we should have dentists in our hospitals, in connection with our public health work with States, and dentists doing the research work in the Institute of Health.

I am very well satisfied with the present arrangement and would prefer that the language in H. R. 4624 be continued, and not changed, the net result of which would be again to crystalize the administrative structure of the Public Health Service and make it impossible for changes to be made in the future to meet future needs.

Dr. MEAD. Mr. Chairman, we still have the feeling that that was a requirement that there be maintained a dental division.

In other words, that it was necessary to have Congress give us that authority we wouldn't have had, and while the present Surgeon General is in sympathy with what we have, we hope he will always be Surgeon General, but we also want that provision.

Senator HILL. General, you brought it out in your testimony, I don't know whether it was before Senator Weeks came in or not, you spoke about your four divisions and your two bureaus.

Now, right at this point in the record, since we are talking about this division of dentistry, on those two bureaus, would you define them again?

Dr. PARRAN. Yes; the Bureau of State Services deals with our activities in cooperation with the States and Territories.

Senator HILL. Yes.

Dr. PARRAN. Included under the Service is the Social Security Act and the wartime health and sanitation program.

Included also is the Division of Venereal Control and the Division of Industrial Hygiene.

Under the Bureau of Medical Services there are included the Division of Marine Hospitals giving care to our legal beneficiaries; the Division of Mental Hygiene which has two large narcotic hospitals under its control; and the Bureau of Foreign Quarantine and Immigration.

Those comprise the functions of the repective bureaus.

Senator HILL. Doctor, is there anything else you would like to answer?

Dr. PARRAN. No; I think that is all.

Senator HILL. Mr. Weeks?

Senator WEEKS. No.

Senator HILL. Doctor, we want to thank you. I know you are a very busy man and we appreciate your coming.

Off the record.

(Discussion off the record.)

Senator HILL. Now, Mr. Haddock, legislative representative of the C. I. O. maritime committee.

Come around, Mr. Haddock.

STATEMENT OF HOYT S. HADDOCK, LEGISLATIVE REPRESENTATIVE, CONGRESS OF INDUSTRIAL ORGANIZATIONS MARITIME COMMITTEE

Mr. HADDOCK. My name is Hoyt S. Haddock, legislative representative, C. I. O. Maritime Committee.

Senator HILL. Yes. We will be happy to have you make any statement you see fit, Mr. Haddock.

Mr. HADDOCK. I just have, Senator, a brief proposed amendment to H. R. 4624.

I propose as follows:

Section 322, page 34, insert as (2) (a) or a new (3) the following——

Senator HILL. Will you state that again? My attention was distracted for just a moment.

Mr. HADDOCK. Section 322 on page 34.

Senator HILL. Page 34.

Mr. HADDOCK. Yes. Insert as (2) (a) or a new (3) the following:

Seamen employed on foreign-flag vessels which vessels are owned and/or operated by American citizens, partnerships, or corporations.

And then, section 322 (7) (b), page 35, line 16, insert after the word "Vessels" and before the word "may" the following:

Owned and/or operated by foreign citizens, partnerships, or corporations.

Senator WEEKS. Is that foreign citizens?

Mr. HADDOCK. That is correct.

owned and/or operated by foreign citizens, partnerships, or corporations.

The purpose of those amendments is to provide the services of the Public Health to merchant seamen who are employed on foreign-flag American-owned vessels, just the same as seamen who are employed on American-flag, American-owned vessels.

Now, the only difference here is the question of the flag that may be flying on the mast. The ownership and operation is American and in most instances the crew, the number of American citizens in the crew, is comparable to the number that are on American-owned, American-flag vessels.

Under present laws these seamen are not entitled to the services under the same conditions as are seamen on American-flag vessels, and this would give them the same rights.

Under the present law they can only get that service when it is requested by the master or the consul of the flag which the ship is sailing.

Under the amendment the seamen could come to the Public Health Service the same as merchant seamen, and get that attention.

Senator HILL. Well, are all these seamen American citizens?

Mr. HADDOCK. No, they are not all American citizens.

Seamen aboard American-flag American-owned vessels are not all American citizens.

There is a comparable—the number of American seamen; that is, citizens, aboard these ships—are somewhat comparable to the number aboard our own flag ships, and this would apply principally to vessels such as Panamanian and Honduran.

That is where the bulk of the American-owned American-flag vessels is at the present time.

Senator HILL. Let me make sure now:

A citizen of a foreign country is on a ship that is flying a foreign flag, that ship being owned and operated by American citizens. They come into a port where you have a marine hospital and say they are sick.

Under your amendment you would admit them to your hospital.

Is that correct?

Mr. HADDOCK. That is correct. The same as if he were aboard an American-owned American-flag ship.

You see, the only thing you have done is change the flag of the ship. They get their seamen the same as an American-flag American-owned vessel.

Take for instance the Stendard Fruit Co. that operates under Panamanian or Honduran flag.

They get their seamen through the offices of the National Maritime Union, all of them.

There may be foreign seamen in the crew, just the same as if they were in any other company American-owned, operating out of the United States; and the only difference is that they are not entitled to the same care under the Public Health Service as the other seamen who may be on an American-flag vessel.

Senator HILL. Were these amendments submitted to the House committee?

Mr. HADDOCK. No, sir; they were not submitted to the House.

We thought this was covered in the bill, but we find it is not.

We have discussed it with Public Health Service and Federal Security and I think we are in general agreement on it.

However, those gentlemen should speak for themselves on it.

There is one question in connection with this and that is the possibility of continuing this service only for the duration of the war.

We feel that it should be a permanent change in the law, and if there are conditions after the war, new conditions that develop after the war, that may make it desirable to remove this expansion of service, we think it should be considered at that time, and if those reasons are of enough import, that the law may be changed at that time.

Certainly they would need that coverage at the present time. Many of these seamen aboard American-owned foreign-flag vessels do not get the proper hospital and medical attention and they have to

be practically down and out before they can get in the service at the present time, because of the law.

Now, leaving that, there is one other question that you raised this morning, Mr. Chairman; we are very much concerned with it and we are hopeful that your committee will not only consider but will write into the law the authority for the Public Health Service to establish hospitals.

Now, there has been a great need for hospitals, and that need is growing, as you well know, and it has been an almost impossibility to get the establishment of hospitals by Congress over the last number of years, and we feel that the Public Health Service has the right to go ahead and survey and find locations and proceed, only having the necessity of getting the appropriations, in order that they get adequate hospitals, and there are a number of places where those hospitals are needed today.

Senator HILL. You are speaking now of marine hospitals?

Mr. HADDOCK. That is correct.

Under this bil I think I am correct when I state that these laws should be interpreted that merchant seamen will be admitted to all facilities of the Public Health Service and not just marine hospitals.

That is a very desirable thing from the viewpoint of the American seaman.

He is going to require many services and he is not acquiring them today that may not be available in the marine hospitals.

Senator HILL. Any other questions?

Senator WEEKS. Yes. In section 3 as you suggested, I understand that. Let us go over then to page 36, line 16.

Mr. HADDOCK. Yes. That is simply a clarifying——

Senator WEEKS (interposing). You said foreign-flag vessels owned by what?

Mr. HADDOCK. On 322, section 7 (b), that is owned or operated by foreign citizens, partnerships, or corporations.

That is to make it perfectly clear that where application is made for seamen into hospital service on the part of the master of a foreign ship, or agent of the master, that that is to apply only to foreign-owned vessels and not American-owned.

Senator WEEKS. Well, in the one case you say the foreign-owned vessels and/or vessels under foreign flag owned by American interests, whatever they may be. And in this case foreign-flag vessels owned by foreigners.

Mr. HADDOCK. That is correct. That is correct.

Senator WEEKS. Well, you are requiring under your amendment that a man may be given the same treatment on foreign-owned foreign-flag vessels as they would be on foreign-flag vessels owned by American interests.

Mr. HADDOCK. They are entitled to that now, except that the foreign owner must pay for that service.

Senator WEEKS. Will he continue to have to pay for the service?

Mr. HADDOCK. Yes, he would have to continue paying for it.

The amendment I am asking for is to permit the practical application of the law to seamen aboard American-owned foreign-flag vessels, and that is all. Today they don't have the practical application to the services that they would have otherwise.

Now, under 7 (b), the operation of that is very detrimental to the seaman because he only gets into that service when he is flat on his

back. That is the only time that the foreign-owned foreign-flag vessel agent or master will apply for the service and let him have it.

Senator HILL. Any other questions, Senator?

Senator WEEKS. No.

Senator HILL. We might ask Dr. Parran.

Dr. Parran, have you any suggestions you want to make?

Dr. PARRAN. Yes, Mr. Chairman. This matter has not been discussed with the Bureau of the Budget. It has been discussed informally with the general counsel of the Federal Security Agency, and certainly for war-time we would impose no objection to the amendments which Mr. Haddock has suggested.

It is a little difficult to visualize what the shipping situation may be in the days of peace.

Senator WEEKS. Well, does this authorize treatment in time of peace?

Dr. PARRAN. The amendment as proposed would do so; would it not?

Mr. HADDOCK. It would.

Senator WEEKS. Well, does this general section authorize it in time f peace?

Dr. PARRAN. This authorizes it in time of war or peace. This is he most ancient function of the Public Health Service, giving hospital care to merchant seamen. Beginning in 1798 that service was authorized.

Senator WEEKS. In war or peace?

Dr. PARRAN. Yes.

Senator HILL. That is what your marine hospitals were for.

Dr. PARRAN. Yes. And they were built largely by funds contributed by merchant seamen in the last century.

Senator HILL. Any other questions, Senator?

Senator WEEKS. No.

Senator HILL. Thank you, Mr. Haddock.

Mr. HADDOCK. Thank you, Senator.

Senator HILL. Any other witnesses who would like to be heard at this time?

Dr. PARRAN. Lieutenant Drexler, of the Coast Guard. May I say that Lieutenant Drexler before he entered the Coast Guard had a large part in the beginning stages of preparing this reorganization and codification at the time he was on the staff of the general counsel in the Federal Security Agency, so he has intimate knowledge of this legislation.

STATEMENT OF LT. STANLEY L. DREXLER, UNITED STATES COAST GUARD

Senator HILL. Lieutenant, will you give your name?

Lieutenant DREXLER. Lt. Stanley L. Drexler, Coast Guard.

Senator HILL. All right, Lieutenant. We will be glad to hear you.

Lieutenant DREXLER. I am here on behalf of the Navy Department which has one question with regard to section 326 (b) of the bill.

Senator HILL. What page is that, do you know?

Dr. PARRAN. 38.

Lieutenant DREXLER. 38. This section has to do with the hospitalization of the dependents of Coast Guard personnel, Public

Health Service commissioned officers, and officers of the Coast and Geodetic Survey.

Under the laws that existed prior to this bill Coast Guard dependents and Public Health Service dependents and Coast and Geodetic Survey dependents were authorized at Public Health hospitals at the uniform per diem rate of Government hospitals and that rate is $4.25 a day. I believe it may have gone to $4.75 a day.

The Coast Guard in time of war operates as part of the Navy and the facilities of the Public Health Service I think have been available interchangeably for Coast Guard dependents.

Now, the rates which are prescribed by the President for Navy dependents, which include Coast Guard dependents, at Navy hospitals have been fixed at $1.75 a day.

So, there is a rather complete lack of uniformity between what a Coast Guard dependent pays when he is in a Navy hospital or Public Health Service hospital.

Now, this subsection changed that by providing that the rate should be as prescribed by the President.

Senator HILL. Uniform rate.

Lieutenant DREXLER. Uniform rate.

Now, what the Navy would like further than that is that it not only be uniform with rate established for the hospitalization of Navy dependents at Navy hospitals, so that there be uniformity not only among the three classes taken care of by the Public Health Service but that there be uniformity between those classes of the Coast Guard at Navy hospitals.

We would like to write in a proviso that at least in time of war when the Coast Guard is operating with the Navy that the Coast Guard dependents be treated the same at Navy hospitals.

Senator HILL. What language do you suggest?

Lieutenant DREXLER. I didn't come with a specific suggestion.

Senator HILL. May I suggest that you and Mr. Willcox come back—get together and prepare some language for us?

Lieutenant DREXLER. Fine.

Senator HILL. In other words, when you are in the Navy you feel that the dependents of Coast Guard ought to have the same rates as Navy does.

Lieutenant DREXLER. That's right.

Senator HILL. At Navy hospitals.

Lieutenant DREXLER. That's right.

Senator HILL. Well, you and Mr. Willcox prepare an amendment to that effect so we will have it before the committee, will you?

Lieutenant DREXLER. Yes.

Senator HILL. Any questions, Senator?

Senator WEEKS. No.

Senator HILL. Anything else, Lieutenant?

Lieutenant DREXLER. No; that is the only point the Navy is concerned with.

I would like to make one thing clear—I would like to find out as a matter of policy what the committee would like to do. Would the committee like to extend this uniformity not only to Coast Guard but also to Public Health Service and Coast and Geodetic Survey?

Senator HILL. Well, that would be a matter for the committee to determine. I think you might prepare two amendments. Then we will have both of them before us.

Lieutenant DREXLER. I might say, Mr. Chairman, this question has been the subject of communication from the Secretary of the Navy and it has the approval of the Budget Bureau.

Senator HILL. Good.

Senator WEEKS. The rate is practically $3 more.

STATEMENT OF DR. L. R. THOMPSON, ASSISTANT SURGEON GENERAL, PUBLIC HEALTH SERVICE

Dr. THOMPSON. The Coast Guard dependent goes into the Navy hospital and pays $1.75. If there is no Navy hospital available he has to go into the marine hospital and it is $4.75.

Senator WEEKS. The effect of your amendment would be to give the $1.75 rate.

Dr. THOMPSON. Yes.

Senator WEEKS. The effect of that would be you would have two rates current in your hospitals.

Dr. PARRAN. May I respond to that question, Mr. Chairman?

Senator HILL. Yes.

Dr. PARRAN. The effect would be we would have uniform rate for dependent members of the families of the uniformed services instead of the two rates which are now in effect.

Senator HILL. What is your comment on the suggestion, General?

Dr. PARRAN. Mr. Chairman, I should think the simplest way to accomplish this purpose would be to amend section 326 (b) in line—page 39 in lines 9 and 10—to provide that the cost should be at such rate as may be prescribed in regulations of the President from time to time for that care of dependent members of the families of the Navy.

Before the House committee Rear Admiral Luther Sheldon on March 24 submitted some testimony which was very impressive. That testimony is to be found on pages 169 and 170 of the hearings on the Public Health Service bill H. R. 3379.

At that time he pointed out that the law worked a great hardship, especially on the enlisted men in the Navy whose wives frequently were hospitalized for a long period.

The theory by which the $1.75 rate was arrived at, Admiral Sheldon explained, was that the basic facilities were there, the doctors and nurses were employed, and if the beds were available, the added cost to the hospital did not amount to more than the rate the President had established.

On the one hand, it was sufficiently low so that it could be afforded by the personnel of the Navy. On the other hand, it was sufficiently high so that there would be no attempt to abuse the privilege. This was decided after determining the additional cost.

Senator HILL. What would be the effect?

Dr. PARRAN. It is a relatively small part of our total business, of course. A very small part of it.

Senator HILL. You would look with favor then on the suggestion?

Dr. PARRAN. I should, Mr. Chairman.

Senator HILL. Any question?

Senator WEEKS. No.

Senator HILL. Thank you very much.

Any other witness who would like to be heard at this time?

(No response.)

Well, if possible we would like to go on with these hearings tomorrow, Senator. I will notify you further. It depends on some out-of-town witnesses, whether or not they can be here.

Mr. Badger, we will know this afternoon, won't we, about these witnesses?

Mr. BADGER. Yes, Senator.

Senator HILL. Thank you, gentlemen. If you will keep in touch with Mr. Badger, the clerk of the committee, he will advise you further.

If there are no further witnesses the committee will stand in recess.

(Whereupon, at 12:15 p. m., the committee recessed.)

(The following letter was subsequently offered for the record:)

WAR DEPARTMENT,
Washington, D. C., June 14, 1944.

The Honorable ELBERT D. THOMAS,
Chairman, Committee on Education and Labor,
United States Senate, Washington, D. C.

DEAR SENATOR THOMAS: Reference is made to the bill, H. R. 4624, to consolidate and revise the laws relating to the Public Health Service, and for other purposes, which was passed by the House of Representatives on May 22, 1944.

For your information in considering this bill, the following is quoted from a statement of the Governor of the Panama Canal:

"Although this proposed legislation is largely a restatement of existing laws relating to the Public Health Service it would make several substantive changes, including revision of language defining the legislation's geographical scope so as to make applicable to the Canal Zone for the first time certain quarantine and other provisions contained in parts F and G of title III of the bill. This change would result from the use of the term "possession" of the United States. The bill would also extend the right to free medical, surgical, and dental treatment and hospitalization at the expense of the Public Health Service to seamen employed on floating equipment of the Panama Canal, as hereinafter discussed.

"QUARANTINE JURISDICTION IN THE CANAL ZONE

"It is believed unlikely that the sponsors of the proposed legislation intended to extend the jurisdiction of the Public Health Service to quarantine matters in the Canal Zone, but the use of the term 'possession' would have this effect since the Canal Zone is consistently regarded as a possession of the United States by Congress and the various branches of the Government in the absence of express provision to the contrary.

"Section 361 of the bill, covering quarantine jurisdiction generally, provides that the Surgeon General, with the approval of the Federal Security Administrator, 'is authorized to make and enforce such regulations as in his judgment are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession.' The corresponding provision of the existing law (42 U. S. C. 92) refers to 'State or Territory' and therefore does not cover the Canal Zone. Similarly, section 364 of the bill provides that, with the approval of the President, the Surgeon General 'shall from time to time select suitable sites for and establish such additional stations, grounds, and anchorages in the States and possessions of the United States as in his judgment are necessary to prevent the introduction of communicable diseases into the States and possessions of the United States,' and that the 'Surgeon General shall control, direct, and manage all United States quarantine stations, grounds, and anchorages, designate their jurisdiction, and designate the quarantine officers to be in charge thereof.' Other provisions of the bill referring to 'possessions' of the United States are found in section 366 relating to bills of health, and in section 351 relating to the regulation of certain biological products. Section 2 (g) of the bill provides that the term 'possession' includes, among other possessions, Puerto Rico and the Virgin Islands. The Canal Zone must therefore be considered as being included within the term 'possession' as used in the sections referred to above.

"Section 371 of title 2 of the Canal Zone Code provides that until otherwise provided by Congress the President is authorized to make rules and regulations

in matters of sanitation, health, and quarantine for the Canal Zone. Comprehensive quarantine regulations prescribed by Executive Order 4314 of September 25, 1925, as amended, and by the Governor of the Panama Canal are contained in chapter VIII of the Panama Canal pamphlet entitled 'Rules and Regulations Governing Navigation of the Panama Canal and Adjacent Waters.'"

The chief quarantine officer of the Panama Canal, who is a Public Health officer assigned by the Surgeon General for duty with the Panama Canal, acts solely as a Panama Canal Health Department official in reference to local quarantine matters. The quarantine division of the Health Department of the Panama Canal is an integral part of the comprehensive organization charged by the Congress with the care, maintenance, sanitation, operation, government, and protection of the Canal and the Canal Zone (C. Z. Code 2:5). In respect to nearly all governmental activities in the Canal Zone the Canal organization has, since the construction of the Canal, acted as an independent agency under authority separate from that exercised by other Federal agencies in the continental United States. This is illustrated throughout the organic act as presently contained in title 2 of the Canal Zone Code by such provisions as those relative to separate customs service (C. Z. Code 2:61); postal service (C. Z. Code 2:271); control of air navigation (C. Z. Code 2:14); exclusion and deportation of persons (C. Z. Code 2:141); and control of sanitation, health, and quarantine (C. Z. Code 2:371).

"Under existing law, therefore, the Public Health Service does not purport to have or exercise quarantine jurisdiction in the Canal Zone and, as previously stated, it is believed unlikely that the sponsors of the proposed legislation had in mind changing the Canal Zone situation in this respect.

"This office is of the definite opinion that the proposed legislation should not impair or affect the authority of the President under section 371 of title 2 of the Canal Zone Code as aforesaid, and it is therefore recommended that subsection (g) of section 2 of H. R. 4624 should be amended to the following effect, the italicized words being new:

"'(g) The term "possession" includes, among other possessions, Puerto Rico and the Virgin Islands, *but shall not include the Canal Zone;*'

"FREE MEDICAL, ETC., TREATMENT OF SEAMEN ON PANAMA CANAL VESSELS

"In addition to the above comment and recommendation, reference is made to section 322 of the bill providing for free medical, surgical, and dental treatment and hospitalization at hospitals and other stations of the Public Health Service, for certain described classes of seamen and others. Paragraph (3) of subsection (a) of section 322 extends the benefits of the section to seamen employed on any vessel of the United States Government of more than 5 tons' burden. Under present law (42 U. S. C. 6a) persons employed on vessels of the Panama Canal are expressly excluded from this provision.

"This change is noted in the House committee's report (Rept. No. 1364) which states as follows, page 19: 'The bill would omit the exclusion, but as the Public Health Service has no hospital in the Canal Zone it would not affect the present arrangement by which these seamen, when in the zone, receive hospitalization from the local government.' This statement does not recognize that the change would grant substantial benefits to a relatively small group of Panama Canal employees, both United States citizens and aliens, employed on floating equipment, such as tugs and dredges (see sec. 2 (h) of the bill for definition of the term 'seamen'), which benefits would not be accorded to any other Canal employees.

"Under present arrangements, seamen generally, who are entitled to free medical, surgical, and dental treatment and hospitalization under Public Health Service laws and who need such care and treatment in the Canal Zone, are accommodated at Panama Canal hospitals and the Panama Canal is reimbursed by the Public Health Service for the cost of such care and treatment. All employees of the Panama Canal receive free medical care and attendance in Canal hospitals, as provided by section 19 of Executive Order No. 1888 of February 2, 1914, prescribing conditions of employment, but they are subject to a subsistence charge during hospitalization and are not furnished free dental treatment.

"Under section 322 (a) (3) of H. R. 4624, Panama Canal employees on floating equipment of more than 5 tons' burden would be entitled to care and treatment at Canal hospitals at the expense of the Public Health Service, under the present arrangement referred to above relative to seamen generally, and this care and

treatment would include free dental treatment and free subsistence during hospitalization, benefits not extended to other Canal employees. There is no substantial difference in general conditions and hazards of employment as between this organization's personnel on its floating equipment and other personnel, and it is felt that the granting of special benefits to a selected group of employees who may not reasonably be distinguished from other Canal personnel in any respect pertinent to the merits of the granting of such benefits, is discriminatory, and, therefore, not in the best interests of the Panama Canal as a whole.

"For the reason, then, that the proposed provision under discussion would discriminate against other Panama Canal employees and that no reasonable basis for such discrimination exists, and bearing in mind that all Panama Canal employees already receive free medical care and treatment as aforesaid, it is recommended that, as in the present law, 42 U. S. C. 6a, the parenthetical phrase '(other than those of the Panama Canal)' be inserted after the words 'vessels of the United States Government' in section 322(a)(3)."

I concur in the views expressed by the Governor of the Panama Canal.

The Department has not been advised as to the relation of the provisions of the bill relating to the Canal Zone to the program of the President.

Sincerely yours,

HENRY L. STIMSON,
Secretary of War.

LAWS RELATING TO THE PUBLIC HEALTH SERVICE

TUESDAY, JUNE 20, 1944

UNITED STATES SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The subcommittee met, pursuant to call, at 10:30 a. m. in the committee room in the Capitol, Senator Lister Hill (chairman) presiding.

Present: Senators Hill (chairman), Murray and Weeks.

Senator HILL. The subcommittee will come to order.

The first witness will be Marion W. Sheahan, president, National Organization for Public Health Nursing, and director, division of public health nursing in New York State.

Will you please come forward? We will be very happy to have you make a statement.

STATEMENT OF MARION W. SHEAHAN, PRESIDENT, NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, AND DIRECTOR, DIVISION OF PUBLIC HEALTH NURSING IN NEW YORK STATE

Miss SHEAHAN. Mr. Chairman and members of the committee, I represent the National Organization for Public Health Nursing, which is a membership group made up of about 1,000 lay people from all sections of the country and over 10,000 nurses who are engaged primarily in community nursing. This organization is primarily interested in extending good nursing service to all the areas of the country, particularly services for public health.

We were interested in coming to this hearing and we requested it to discuss the place of nursing in the proposed recodification of the proposed United States Public Health Service. We thought there was need for considering the identity of nursing in that code in order to safeguard the future of a good nursing service.

First of all, I would like to discuss, I think, something that is well known but is one of the reasons for our request to appear at this hearing, and that is, it seems that there is an abundance of evidence as to the importance of nursing of various types and a great need to do everything that will strengthen good nursing service, because certainly we know that in time of peace, as well as in war, there is no more important service where it is needed than nursing in sickness and in the preventive aspects of the health program.

Therefore, we think that nursing has identified itself and really earned the right to an important place, in fact, the important place it does have because of the aid it has given to hospitals and community

nursing agencies and certainly in times of emergency such as war and in disaster and epidemics, which we are always heir to in the period between wars. It seems as though nursing just must be given greater consideration because it is a long-range type of personnel that will be needed, no matter what this country does in the future to safeguard the health of its citizens. It seemed to us, too, that the cost of nursing personnel is such a large part of every budget in hospitals and in community health services that anything that can be done to strengthen the status of nursing in the Federal Government is going to have a corresponding effect on the communities of the country.

Now, I do not know the proportion of the budgets of hospitals that goes to nursing personnel, but I do know in community services throughout the country that a well-organized health department service will recognize that nursing will cost up to 50 percent of the total budget, because it is the nurse that is the liaison between the health department, the health officer, the medical professtion, and the homes.

Therefore, they represent the largest single group of health personnel throughout the country. The cost of the nursing budget alone almost presupposes the necessity for strengthening it in efficiency, so that every cent that goes into nursing really will produce results.

I would like to point out, too, without nurses to implement the medical programs throughout the country that not very much—I will not say very much, but certainly a large amount of the effectiveness would be lost because it is the nurse who interprets to the people, who applies the treatment ordered by the doctor, and then in the health services it is the nurse who actually goes into the home, meets the people in groups, tells them what should be done, and really motivates them to act.

For the most part, while you can do an en masse health promotion through the improvement of sewers and water supplies and milk supplies, and so forth, by and large it is a person's or an individual's responsibility, where the minor is involved, who must be encouraged to take action if children are going to be immunized against diphtheria and if mothers will in early pregnancy seek doctor's care, if tuberculosis patients are going to be hospitalized, if the nurse's contacts are going to be examined, and so forth, if syphilis patients are going to be under treatment until they are rendered noninfectious, all those things point to a vital need for a good nursing service.

We offer no apologies for much of the nursing service that has been done in the past, but we do know there is a long continuing need for a strengthening of that service. The fact that a great deal has been accomplished without too much organized assistance except from the professions of nursing throughout the country, and the contributions of nurses themselves, it seems to me those contributions only point the way for accomplishments that might come in the future if every opportunity to strengthen nursing at the Federal level is taken.

Certainly we know there is a growing consciousness throughout the whole country of the need for more nursing care in a community service so that the people who cannot afford to pay for private duty nursing and the other more expensive kinds of nursing care can get that service through community agencies who will provide care for the sick in their homes.

Now, it seems, too, that the United States Public Health Service has certainly demonstrated the value of Federal leadership. The grants-in-aid for the extension of health services made possible under the Social Security Act has certainly given returns that can be measured in terms of greater protection against communicable disease, which can be prevented, such as diphtheria and small pox, certainly in the reduction and the control of tuberculosis and syphilis, cancer, cardiac, and in the better care for mothers and infants of the country.

It would seem to me from my experience in the State department of health in New York that had it not been for that Federal assistance that we could not have demonstrated that, and nursing could not have taken its full share in protecting the health of the citizens during this war period when certainly everyone who can be kept well should be kept well so as not to complicate the war picture.

We were particularly happy to see in this proposed bill the increase in the possibility for appropriations for grants-in-aid to States because in order to distribute services a little more evenly throughout the country, particularly throughout the subdivisions of the Government, more Federal assistance in certainly indicated. We know there are large tracts and areas of this country that still have no community nursing service of any kind and that the grant of larger or greater assistance is one very good way of bringing about greater equalization of service throughout the country. We know there is need to increase the publicly supported nurses by at least more than twice the number of their present strength, that is, from about 20,000 nurses employed now in public health agencies, to about 60,000, in, I hope, the not too-far distant future.

So, it was gratifying to know the committee had recognized the importance of a larger grant-in-aid.

Now, we come to the war period and we found that brought out a great many problems in nursing. Certainly it brought out the fact that there was a shortage of nurses, particularly in many of the important areas of the country which became doubly important with the impact of war industry. We know that the sharing of the nursing strength of the country to meet the military needs of the country brought about a very grave situation and that something had to be done at the Federal Government level if we were to help the hospitals of the country and the community agencies of the country to meet the actual daily needs of the patients who were sick and in need of care. I need not remind this group that that brought about the passage of the Bolton Act that created a Cadet Nurses Corps.

Now again, as every experience brings about information and knowledge which points the way for the future, it seems that we have learned a great deal from the situation in nursing, which was brought to light through the war. It has uncovered a great many areas for further research and for possibilities of a great deal of reorganization and continued Government aid for the future. Certainly we know there has been introduced into the field of nursing care, and now I am separating nursing care by professional nurses from the total nursing service which is needed to take care of patients in hospitals; there has been a recognition besides the professional nurse there can be used a proper balance of other types of nursing care related to complete nursing service.

We know if it had not been for the introduction of nurses' aides, many of them voluntary, but a good many subsidiary workers who

are employed in hospitals, that the hospitals of this country could not have been kept open, and certainly the public health services of the communities could not have continued to do the job they have done if it had not been that they had a great deal of help from these nonprofessiona workers who had contributed to certain aspects of nursing care, nursing service, all of which is part of good nursing care.

It seems to us we have gained a knowledge that there is a wide variation in standards for nursing education throughout the country, and also a wide variation in patient care and that is what we are all working for, good, not uniform patient care all over, but an adequate care in accordance with the needs of the patients.

There was uncovered and brought to sharp focus many of the things that we all knew but we had no urge or a national emergency to crystallize them into Nation-wide needs. There were spots in this country where there was no provision for nursing education whatsoever. Therefore, there were parts of the country that went without a good many nurses which the more favored sections of the country had in abundance. Therefore, the variation in patient care is one of the reasons why we think there should be a great deal of consideration given to the improvement of the standards of nursing in the future, and probably there should be some continuation of Federal assistance in one way or the other, even though we do not know the entire definition of the program.

We know there was a lack of instructors to provide good nursing education and a lack of supervisors, they being of equal importance to the production of good nurses as well as to good care of patients in the hospitals and the community agencies. We can see ahead the need for a Nation-wide determination of the types of personnel that will be needed to give good nursing care to the country and the balance of grades of personnel in relation to each other. We certainly can already see the need for some coordination at the Federal level of the training plans and the educational concept of the various kinds of personnel needed for good care. We can see a continuing need for the preparation of nurses to meet the future and the newer fields in nursing. Already we have heard through the newspapers, and I imagine you gentlemen have heard in greater detail than we in the communities, the very grave need for psychiatric care for returning veterans, as well as the huge problem in mental disease and temporary derangements, which are always prevalent in this country. That is a new field in nursing which must be considered and for which nurses must be prepared if they are going to take their part in any program for the care of psychiatric patients.

We already see ahead the very great need for nursing education in the programs for the handicapped. Already in our nursing journals, for instance, there has been a great deal of information as to just what the newer nursing techniques will be in the care of stumps left from amputations of limbs. Just the need for teaching nurses and preparing nurses continually to keep pace with those newer medical treatments is a very important need in this country because without good nursing technique the development of newer and better medical treatment and the preventive health services are absolutely impossible.

It seems to me, too, as the communities recognize the importance of a growing amount of nursing care in the homes of the communities, as well as in the hospitals in the communities, that there is a great need

for having the nursing service prepared to meet both ends, because we know that patients leave the hospital and go to the homes, and patients come from the homes and go to hospitals and there is a continuity of problem there which should be given joint thinking so that there may be simultaneous preparation for both ends of the service, the institution nurse as well as the community nurse, who takes the patient before and after hospital treatment.

All of this, it seems to me, leads to this point, that while there is no blueprint that we, representing the profession, can present to this committee, and it seems to me it would be foolhardy to even try to define such a blueprint, except as we can judge what the needs might be from the experience before the war and during the war period. I think, however, we can say without contradiction there is a need in this country for a growing competence in nursing, for an adequate quantity of nursing of various grades in order to meet the health needs of the people in this country in sickness, as well as in the preventive phases of the whole program, that will be both adequate and effective. The two parts of that competency have to do with the quality of the nursing, as well as a sufficient quantity of personnel, because if you spread quality too thin it ceases to be quality. If you think of quantity without quality, then quantity is largely wasted and you have a very small return for your money.

We would think this is important to recognize, too, that nursing has a special content and a special skill which has placed it as a profession, and it has its own identity within the broad field of medicine and it is therefore a specialty comparable to dentistry and sanitary engineering and medical care, which deserves an identity of its own, and while it is recognized that nursing is dependent upon the broad field of medicine, nevertheless, to be competent, that is, to have a competent nursing service, it seems to us it should be taken into consideration that it has a special content and skill which must be developed as nursing and not just as a broad type of personnel, all lumped under one personnel heading for health service or for medical care.

We think, therefore, that nursing deserves, in order to give it its best opportunity for development, a definite identity in the proposed code, to stamp it as a service of major importance in the promotion, the planning, and the execution of the future plans of the Public Health Service, which has Nation-wide significance, as we all know.

We therefore propose that this committee give consideration to possibly three amendments, or at least three premises, which we believe are quite important.

The first one is that some consideration be given to the reclassification of nursing personnel in the service in a commission corps.

Senator HILL. You mean in a Public Health Service?

Miss SHEAHAN. Yes; the nurses of the Public Health Service in a commissioned corps. I am not going to amplify that because the American Nurses Association is considered our over-all agency that speaks for all of the branches of nursing, and it seems more appropriate to let the defense of that particular recommendation come from that source.

We think it is highly important that there be a unification of nursing within the Public Health Service. There are three branches of nursing now in the Public Health Service, the hospital service, the public nursing service, and nursing education. There is, however, nursing

which runs through all and it seems to us that the unification of nursing should be recognized as a principle in the good development of nursing, and that therefore it should be given the administrative standing of a division of nursing in the Office of the Surgeon General.

Now, in reading this act, it appears that has already been provided for in a section which grants the Surgeon General the authority to set that up.

Senator HILL. He would have the power to establish such a division if he saw fit to do so; is that not true?

Miss SHEAHAN. That is right. We think that is quite important. We think there should be a Chief of Nursing Service much the same as there is a chief of other services, as has been provided in one section of the law. We realize, however, that the corresponding rank which go with those chiefs, that of brigadier general, would immediately introduce questions of rank already granted to the Chief of the Army and Navy Nursing Corps, and that therefore this committee might not wish to give consideration to including and making mandatory a Chief of Nursing Service in the same way that the other divisions have been identified in this law.

It is in recognition of that problem and probably of the wisdom of not having ranks in the public services for nurses that would go above the rank of corresponding nurse officers in the Army and Navy, that we are not suggesting that the division be mandatory in the law. It did seem, however, that it was so important that we not lose this opportunity to define the principle even though we recognize that the authority has already been granted to the Surgeon General in the drafting of this bill. Again we rather think that is a very wise and foresighted action on the part of the committee studying the future of the Public Health Service.

Thirdly, it seemed to us that it would be wise and desirable to include language in the code which will preserve the basis for the prompt reactivation of the nursing education plans which are already provided for in the Bolton Act, but which would also make permissive, give permissive authority to the continuation of the nursing education as a logical function of the Public Health Service in the event that circumstances seem to make that wise. We do that in full recognition of the implications of such a recommendation, with full recognition of the fact that there is probably more controversy about that particular recommendation than either of the other two. But, nevertheless, it seemed as though with medicine changing as fast as it is, with the needs that we can already see in sight, with the necessity for preparing nurses to meet these needs such as psychiatric nursing and the care of the handicapped, being the two immediate ones we can see in the future, it would seem as though there ought to be some provision in the law which would make for prompt action on the part of the logical Federal agency, without having to go through the longer job of getting permissive legislation as a first step in planning.

Senator HILL. In other words, you would make it possible to bring this program into being without coming back for further legislative action?

Miss SHEAHAN. That is true. Now, it seems as though that is foresight which would be accepted by the citizens of this country and may be required, and it is in recognition of the changing status in medicine and of the needs which we really have proof of now but

we certainly can anticipate will come in quick succession because certainly the growing development of new treatments in the care of the sick and the growing programs for the prevention of illness throughout the country have demonstrated that that whole science is one of quick development, and it would seem as though the Federal Government, being the representative of the people and being responsible for taking cognizance of everything that has to do with the health of the public of the country, it should be only logical the Federal service be granted that authority. It would make for prompter action, and it does not presuppose plans are not to be considered carefully in relation to the needs of the future. But, it would seem in the interest of an effective nursing service that you cannot separate the necessity for preparing nurses for the service which those nurses are going to render, and there should be some assurance of coordinated thinking for both ends of the program vested in some Federal agency.

Speaking in summary for the States' point of view, because I do represent a State department and a large one, that has taken full advantage of every aid that the United States Public Service has offered, it would seem from that point of view that the relationships which have been developed between the Federal service and the States has been such that you could feel confident of the fact that the States would welcome such continued help and that they already have recognized the importance of better coordinated planning between education and the services which the nurses are going to be educated to render. It would seem there should be a much greater utilization of field facilities in order to get a broader education so that nurses will be ready to participate in the expanding program of sickness, care, and health. I think I will put health first, because if you had every nurse in the country with a pretty good basic understanding of the positive aspects of health, you would have every nurse essentially a health worker who will be doing health protection while caring for the sick.

From the point of view of a director of a large service agency in nursing, it would seem to me that these three suggestions are in the interest of promoting a good nursing service of progressive competence to keep pace with what we already have evidence of in nursing and to be ready to meet the immediate growth of the future. It is not a static program and it seems to me legislation, particularly as far reaching as this, should really open the way and make it administratively easier to develop the kind of program that is needed.

Senator Hill. We were trying to get this bill passed before Congress recesses, which means we have a deadline and the time is very, very short. It we are to do that, we cannot inject much new material here, and when I say new I mean that which the House did not put in, because if we do we will get into a lot of controversy and that will cause great delay.

I am very much interested in all you have said.

Senator Murray, have you any questions you would like to ask?

Senator Murray. I find myself fully in accord with what Miss Sheahan has stated. I think her statement is a very impressive one and I agree with her conclusions in every respect. I recognize the fact, however, if we are going to pass this legislation we must not try to indulge in very serious amendments that might prevent passing it at this time. I think what you say is so important that it may be absolutely necessary for us to act on it in order to have the very best bill that we can possibly put through.

Miss SHEAHAN. We are aware of the importance of getting a bill like this through and we would not want to be responsible for postponing the passage of this bill.

I am rather dumb insofar as the wording of amendments of knowing all the implications of a thing like this, although I did a lot of home work and I tried to read it word for word.

Senator HILL. Did you try to read it word for word?

Miss SHEAHAN. Yes; and I have read some other bills and I think it makes sense to me, though perhaps I did not read all the significance that should have been read into some of these sections. But in talking about this to Dr. Parran, I think there are some proposals for amendments that would not be too serious. I think the inclusion of one word in one section, "nursing" on page 9, would do it. Now, I suppose one word sometimes can cause a lot of trouble.

Senator HILL. Well, if it is not the word "if" it does not cause as much trouble.

Miss SHEAHAN. The other section, which would grant broader authority for the public service to continue a program, it seemed to us again it implied really quite serious things for the future, but nevertheless since it was permissive and did not carry with it a definite plan or budget, it seemed to us again that it would be rather simple to amend it. Now, that may be my simplicity that makes me say that.

Senator MURRAY. I think we could rely on Dr. Parran. Of course, he fully recognizes the importance of nursing and I am sure any amendments that he proposes should be satisfactory to your nursing profession.

Miss SHEAHAN. Yes; I am certain of that.

I might say we felt as the people really responsible for promoting nursing throughout the country, and we do represent a large membership group, they are looking to us to see to it that the status of the nursing professional is safeguarded because after all it is not to improve the status of nurses as nurses or to give them a status that we are particularly interested in promoting. That is a byproduct which you can not help and which always more or less creates the impression that the group working for nursing as being selfish for nurses, but on the other hand, the two are interrelated. We have to stand the criticism which comes of selfish interest. But it seemed to us it would be most unfortunate because of the implications which are handed down from the Federal to the State to the local governments to pass a recodification bill like this without identifying nursing as one of the grave considerations of the committee. It seems an omission which is pretty serious and which is going to be fixed up by the nurses themselves and the people who already think nursing is pretty important. It is a serious omission and to the people who do not want to spend any money for developing nursing service, they are not particularly interested in it anyway, they will say we were always that way and we always will be. It seems it might encourage that kind of an attitude by setting the pattern from the Federal level and that is why we thought it was so important and we did make a request for a hearing, even though we do appreciate the work that has been done and the fact that it is a rather late date.

Senator HILL. You did not appear before the House Committee?

Miss SHEEHAN. We did not; no, sir.

Senator HILL. We are very happy to have you here this morning. We want to thank you for your statement, it was most impressive.

Senator MURRAY. I think you have made an excellent statement.

Miss SHEEHAN. Thank you.

Senator HILL. Mrs. Alma S. Scott, director, headquarters of the American Nurses' Association.

Mrs. Scott, we will be delighted to hear from you.

STATEMENT OF MRS. ALMA S. SCOTT, EXECUTIVE DIRECTOR, HEADQUARTERS OF THE AMERICAN NURSES' ASSOCIATION

Mrs. SCOTT. Mr. Chairman, I am Mrs. Alma S. Scott, executive director, American Nurses' Association.

The American Nurses' Association was organized in 1896 and it is the recognized professional membership organization of graduate registered nurses in this country. The association has constituent units of membership in every State in the United States, including the District of Columbia, Puerto Rico, and Hawaii. The association is a fact-finding standard-making body that acts in an advisory capacity to its members and at present the association has a membership of approximately 180,000 nurses. The status of these 180,000 nurses and of other nurses in this country, as well as the effectiveness of their service is influenced by the recognition which is afforded members of the nursing profession in the Federal Government services. Realizing this, the American Nurses Association has been interested and has worked diligently in order to secure commissioned rank for nurses in the Army and Navy Corps.

I need not explain, I think, to this committee the efforts which the association has put forth and the results which have been attained.

The importance of nursing as a vital and essential public service has been demonstrated throughout the years and the effectiveness with which this service has been given has depended to a great extent upon nurses themselves, who have throughout the last few years, particularly, given a great deal of time and money and effort in attempting to build up standards of nursing education and standards of nursing service which would be of assistance to the public. The importance of nursing has been emphasized during the war and I need not point out the value of the United States Cadet Nurse Corps, to this committee.

It is obvious that future demands for nursing will increase as time goes on and the American Nurses' Association working with the National League of Nursing Education, National Organization for Public Health Nursing, the Association of Collegiate Schools of Nursing, and working through the National Nursing Council for War Services, is attempting to determine and to meet these future needs. The American Nurses' Association believes that bill H. R. 4624, designed to improve and expand health services in this country should provide for a commissioned nurse corps in the Public Health Service if nursing in this Service is to function at its highest level of efficiency.

The reasons for this are: First, other personnel in the Public Health Service such as physicians, engineers, dentists, have been commissioned for many years and it is felt that nurses have demonstrated they have deserve the same recognition.

Second, almost 1,500 nurses are employed in the Public Health Service and practically all are engaged in work directly or closely related to military activity. Such a service is rendered to the merchant seamen, Coast Guard personnel, inmates of alien detention camps, civilian personnel in military cantonment areas, industrial workers living in Federal Public Housing Authority dormitories, patients in rapid treatment centers, veneral disease control hospitals, and workers in war industries. A large number of particularly well-qualified nurses have resigned to enter the military service where they have been given professional recognition. These could have been retained if nurses in Public Health Service had been commissioned. The future of nursing and Public Health Service will depend greatly on the recognition given to its nurses.

The country looks to the Public Health Service for leadership in the development of sound health programs. The public as well as the nursing profession expects this same type of leadership from nurses in the Public Health Service.

In order to assure this leadership, the American Nurses' Association strongly urges that bill H. R. 4624 be amended to provide a commissioned nurse corps and unification of nursing in the Public Health Service, comparable to other organizational units in the Service.

Senator HILL. You use that word "unification" of nursing.

Mrs. SCOTT. I am glad to tell you what I mean by that.

Senator HILL. Amplify that, if you will, a little, please.

Mrs. SCOTT. At the present time nursing is administered in a variety of sections under three separate bureaus, first in the Office of the Surgeon General, where we have a division of Nurses Education, in the Hospital Division, where the chief nurse has the status of the assistant chief of the Hospital Division, and in the Bureau of State Services in the State Relations Division, where there is a chief nurse consultant and other nurse consultants.

Senator HILL. Thank you very much for your statement.

Mrs. SCOTT. It is rather brief.

Senator HILL. Brevity is the soul of wit.

The next witness is Stella Goostray, outgoing president, National League of Nursing Education. What is your address?

STATEMENT OF MISS STELLA GOOSTRAY, OUTGOING PRESIDENT, NATIONAL LEAGUE OF NURSING EDUCATION

Miss GOOSTRAY. Boston, Mass. I am superintendent of nurses at the Children's Hospital in Boston.

Senator HILL. We will be delighted to hear from you.

Miss GOOSTRAY. I will try to be witty by being brief.

The National League of Nursing Education is a membership organization of about 7,000 nurses, who are engaged in various forms of advisory, executive, or teaching positions in the 1,300 schools of nursing which are scattered around our country, in hospitals, in public health agencies, and in the governmental nursing services. The chief end, of course, of this organization is to provide good nursing service.

We wish to go on record as approving the bill with the revisions which have been discussed by Miss Sheahan. We believe it is sound administrative practice to have all the nursing services of the United States Public Health Service under one administrative nursing head,

that it will provide for a more unified service and will offer more opportunity for growth and development and more flexibility within the service. And while there are diversified nursing services in the United States Public Health Service, they all have a common basis in nursing. We believe, also, that the nurses in the service should have rank. It is the only large body of professional people within the United States Public Health Service who do not have it and it has proven successful with the other groups.

It would provide for promotion and is in the interest of good nursing service.

There is a large group now who serve with the United States Public Health Service and that number, it is fair to assume, will increase very greatly. We believe the administrative head should have sufficient rank to enable her to sit with the policy and planning group to determine where nursing fits into the picture.

There is one point that I should like to enlarge on a little bit which Miss Sheahan has suggested, and that is the preparation for nurses of all types, including the preparation of graduate nurses for special fields. Up to the time when the United States Public Health Service gave support to nursing education, it had been largely supported by the meager student tuition fees and through the service which student nurses gave to hospitals in return for their education. We believe that other financial support is necessary if nurses of the level of competence needed by this country are to be produced, and we also believe that there can be no better investment than one in nursing education, because it is of value to the health and well being of our citizens.

Now, our experience with the Bolton Act has taught us very much about the variations in the quality of nursing education in our country and, therefore, in the quality of nursing care. One would almost think that the needs of patients changed with the borders of States. Because of the war emergency, the Bolton Act was directed at producing large quantities of nursing service by increasing the enrollment of students who give nursing service while they are being prepared to be graduate nurses. Without these large numbers of student nurses a very dangerous condition might have existed and a dangerous curtailment of hospital services.

We believe the post-war needs will call for a high quality of nursing service and that we can accomplish this by preparing graduate nurses for special fields, particularly Public Health nursing, school administration and teaching, and that will bring about better preparation of students and therefore better nursing care to patients.

Nursing is increasing very rapidly in its scientific content, in step with medical advances. It sometimes has been said there are no frontiers in nursing because there are no frontiers in medical science. Its social responsibilities are increasing also.

Approximately 30 percent of the supervisory and instructional positions in nursing schools and hospitals with schools are vacant at the present time and there also must be a very large number of vacancies in the supervisory positions in hospitals which do not have schools. Shortages are particularly acute in the care of children and in the care of mental patients. Mental patients occupy now more than one-half the country's total hospital beds and they have never had enough nursing care. Much of it has been custodial care and that of a very low order. Before the war there was approximately 1 nurse to 75 patients

in our mental hospitals and indeed it sometimes was 1 nurse to 1,000 patients.

Senator HILL. Could you have had that ratio in anything like a first-class hospital?

Miss GOOSTRAY. Considered a first-class mental hospital.

That ratio is less satisfactory now and you all know the expected increase in the type of patients that we are going to have after the war and certainly the need and what we owe these men, that is, the very best of care when they come back from overseas. There are only a few programs for preparation for nursing of this type and they ought to be greatly expanded.

Nurses returning from war and those at home for whom special study was not possible because of the great needs for medical service should be trained for this and other types of special service, particularly tuberculosis and the care of mothers and babies, rehabilitation of veterans, those in industry and public health, and we are now beginning to recognize old age has problems that we though could be taken care of by a less skilled worker and we find some of the problems of old age need the very best kind of nursing.

We have no blueprints, as Miss Sheahan has said, or specifications for the development of this education and service, but we should think there should be broad authorization to permit assistance in the development of nursing education and training, which will insure more adequate meeting of our nursing needs.

What I would like to finish with is this, although at present we can foresee no emergency and certainly we all hope that we will never have an emergency, such as we could have, we think it would be advisable to retain the essential provisions of the legislation to meet such emergencies should they arise and prevent delay in meeting the problems. Therefore, our organization would endorse two inclusions about nursing education. One, a broader permissive legislation to deal with nursing needs of the future, particularly for post graduate training, and also the retention of the legislation which could be made effective in the case of a national emergency.

We should also like to say our professional organizations stand ready and would expect to assist in the development of standards and we would hope to see included an advisory committee such as has been operating with the Bolton law.

Thank you very much.

Senator HILL. Thank you. I am sorry that Senator Weeks had to go to the phone and was not able to hear your whole statement. He is from your great state of Massachusetts.

We thank you for your statement, Miss Goostray. Is there anyone else here representing any of the nurses' associations?

STATEMENT OF MISS RUTH HOULTON, GENERAL DIRECTOR, NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Miss HOULTON. I am from the same organization as Miss Sheahan and she has told you about its purposes, and so forth, and there seems very little that I need to add except to heartily endorse her recommendations and the arguments here presented this morning.

Dr. C. E. A. Winslow, who is a professor of public health at Yale University, chances to be chairman of our advisory committee. He

also is the present editor of the American Journal of Public Health. He has been very much interested in this bill and has written an editorial in the June magazine of the Journal of Public Health, from which I would like to quote very briefly, indeed.

[Excerpt from American Journal of Public Health and the Nation's Health, vol. 34, June 1944, No. 6]

THE UNITED STATES PUBLIC HEALTH SERVICE

This has been an important year for the Public Health Service in two respects. * * *

One event of the year is the presentation of the United States Public Health Service reorganization bill. This bill simplifies and coordinates the work of the service under four main bureaus: The Office of the Surgeon General (including, among others, Divisions of Public Health Methods, of Dentistry, and of Sanitary Engineering); the National Institute of Health which remains the research arm of the Service; the Bureau of Medical Services (which includes Quarantine and Mental Hygiene) and the Bureau of State Services (which includes Venereal Diseases and Industrial Hygiene). Thus, final administrative authority is concentrated in 4 channels, rather than 10 or 12. The chiefs of the 4 bureaus and the heads of certain divisions acquire a rank comparable with that of brigadier general in the Army, which is a welcome acknowledgment of the importance of their work. Dentistry and engineering, in particular, occupy more important positions than before. It is unfortunate that public health nursing did not receive similar treatment. On the whole, however, the reorganization makes for efficiency and recognizes the prestige which the Service has so fully earned.

Dr. Winslow told me in a telephone conversation last night that he regretted very much he could not be present at this hearing today. He did authorize me to say this for him:

Nursing has been demonstrated over many years to be a service of major importance which should be strengthened through all channels available. In my opinion the proposed recodification of the Public Health Service should identify nursing as a service coordinate with medicine, engineering, and dentistry. In the interest of good administration, it is important to unify the nursing service in the United States Public Health Service with full recognition of the various parts of the service in which nursing is important. Dr. Winslow further stated in his talk with me over the telephone that the formation of a nurses' corps, giving rank to nurses, is indicated since other personnel have been recognized in this way.

There are certain other points I could make, but in view of the short time I think I will let that go.

It seems to me that Dr. Winslow's statement is an indication not only of the approval of the National Organization for Public Health Nursing for this addition of nursing in the bill but also might be an indication of the attitude of the American Public Health Association.

Senator HILL. We want to thank you very much for your statement.

Are there any other witnesses from any nurses' association?

I very much regret this, but I will have to leave for a few minutes to go up and vote at a session of the Military Committee. Before I go, I want to express my appreciation to these fine and splendid representatives of the nurses' associations who have come to be with us this morning.

I also want to express my deep sympathy with the aims and views which they have expressed here today. I am almost tempted to make a speech, but since I have got to go, I will say this, I have had more insight into nursing than perhaps you might think, being the

son of a doctor, the nephew of a doctor, the brother-in-law of two doctors, and the first cousin of six doctors, and I was named for a doctor, named for Lister, and I was scheduled to be a doctor, but I got off the track somewhere, I do not know how. I want to express my appreciation to each of you and my deep sympathy with your aims and purposes.

Miss SHEAHAN. May I add one thing? We are grateful to be here. If the size of our representation is to be taken as an indication of a weak representation, we can guarantee enough representation from the lay and nursing groups of the country to fill the gallery.

Senator HILL. I am sure of that.

Senator Weeks, will you please go ahead with the meeting? I believe Surgeon General Parran has something to say.

STATEMENT OF DR. THOMAS PARRAN, SURGEON GENERAL, UNITED STATES PUBLIC HEALTH SERVICE

Dr. PARRAN. To preface what I have to say, this matter has not been cleared with the Bureau of the Budget and, therefore, I am not aware as to whether or not what I say is in accord with the program at the present time.

As I indicated yesterday, perhaps in seeking codification of our laws we were somewhat shortsighted or perhaps too conservative in the number of items which we requested. In the testimony from the nurses this morning, I think three major representations have been made: One, that the nurses in the Public Health Service should have a commissioned status. In respect to that, from every administrative and other point of view, I am very heartily in support of that. Increasingly as the war has gone on it becomes clear that our nurses in the Public Health Service feel very justly they are discriminated against in that they are serving Coast Guard patients, and they are treating Navy patients and merchant sailors, and yet they have a civilian status, while nurses who are treating comparable patients in Navy hospitals have rank and uniform and status. Such a change in policy could be accomplished legislatively without too much difficulty in terms of an amendment to the bill, should the committee decide to give favorable consideration to it.

Since the war we have lost more than 25 percent of our nurse strength in Marine hospitals simply because the nurses were not satisfied to continue on a civilian status.

Nursing will be of increasing importance in the future. The Congress in past years, I think I recall, provided initially only for commissions to doctors. That was in the time of the last war. Then our Reserve Act was passed which broadened that authority and under it we gave commissions to sanitary engineers and dentists and a few other scientific personnel, such as entomologists and biologists, and so forth. Increasingly the scope of public health is broadened, and as it is broadened, we need the use of services of other personnel than just doctors and dentists and engineers. I think it is in keeping with the history of this matter, in the military services as well as with our own experience, that it would be highly desirable if we could have a commission status for our career nurses.

The second recommendation made by the nursing groups this morning was that all of the nursing interests in the Public Health

Service should be headed up into a division comparable with divisions which we now have for dentistry and for sanitary engineering. I, too, am in sympathy with that recommendation. As a matter of fact, it is one of the next steps which we are contemplating in connection with our current reorganization, which was authorized by Public Law No. 74 of last year.

We have a committee, on which some of the nurses who are here this morning have been working, who advise us concerning the future organization of nursing in the Public Health Service. The second recommendation by the nurses can be carried out by administrative action and does not involve a change or amendment to the pending bill.

Senator WEEKS. Did you object yesterday to the question as to the dental aspect of it; that is, a separate set-up would not work well because it would cut across your organization?

Dr. PARRAN. Yes, yesterday I was referring to dentistry and objected to the inclusion of a mandate in the bill for the setting up of one or another divisions, since that was now authorized under the law, and we do have a Dental Division. It would be my hope that we would set up a nursing division on a basis comparable to the Dental and Engineering Divisions. The point made yesterday was that it be written into the law as a requirement that there must be a Dental Division. While I am sure we shall always need the Dental Division, that precedent might result in other amendments specifying all and sundry kinds of divisions which one or another group might see fit to set up and write into the law.

Senator WEEKS. You feel the same way about this nursing division?

Dr. PARRAN. Yes; I think we can accomplish, and I know we can accomplish, the same purpose under the authority of the present law, which is carried forward in this program.

Senator WEEKS. I was not here during some of the testimony, and I will ask you, do the nurses suggest a different approach?

Dr. PARRAN. The nurses, as I understood their testimony, recommended strongly there should be such a division. I do not think they were insistent that the name of the division should be spelled out in the code.

Miss SHEAHAN. Just in principle and the law provides for it.

Dr. PARRAN. The third recommendation which the nurses have made is a rather fundamental one. As I understand it, it breaks down into two parts.

Yesterday, you may recall, at the suggestion of the chairman, I discussed somewhat the post-war place of the Public Health Service in connection with nursing and particularly nurses' education, having in mind our experience under the current Bolton Nurses' Training Act.

The recommendations of the nurses concerning education, and to some extent nursing service, are to the effect that it would be a shame to terminate such a successful law as the Bolton Nurses' Training Act immediately upon the cessation of hostilities, not because we would expect to continue appropriations in peacetime under that act, but in the event of a future war or national emergency, the act should be reactivated, should be brought up again.

In other words, the suggestion is to put it in cold storage rather than to wipe it off the statute books. That would enable Congress in the

event of a future national emergency or war to make appropriations under it, although it is not recommended that appropriations be authorized under the Bolton Act in time of peace.

Do I make myself clear on that?

Senator WEEKS. Yes. What is the termination date of the Bolton Act?

Dr. PARRAN. Essentially 27 months after the end of hostilities or such earlier period as the President may determine or the Congress by joint resolution may decide. The act terminates as I have stated, but there is a provision that payment shall be continued to nurses who are taking courses of study under the act who have started such courses 90 days prior to the end of the war. In other words, those nurses will have payments continued to them, their education will be continued to completion if they have entered the training school at least 90 days prior to the end of the war.

Senator WEEKS. Is that the reason for the 27 months?

Dr. PARRAN. Yes, the course runs for 30 months, the course under which they are being paid now. That is a matter of legislative policy and again I say I am not quite aware either of the attitude of the House committee or of the Budget in reference to that suggestion.

The second part of the nurses' recommendations is related somewhat to the discussion which we had——

Senator WEEKS. If I may interrupt for a minute, the nurses suggest that it be put in cold storage, so to speak. Just what is the modus operandi for doing that? Do they propose to incorporate it in this bill?

Dr. PARRAN. The modus operandi which has been followed in respect to certain wartime powers of the Public Health Service is that the appropriations authorized under our other acts apply in time of war or national emergency proclaimed by the President. In other words, the authorization for an appropriation would be limited, as I have indicated, in time of war or in national emergency proclaimed by the President.

The second part of the third recommendation of the nurses is as follows, and is somewhat the discussion which Senator Pepper initiated yesterday and in which he expressed a point of view that the Public Health Service should have a rather broad authority to assist the States with their public health problems generally, even perhaps assist in providing public health facilities, hospitals, and health centers and the like in the event of need, and depending upon appropriations which would be made by the Congress from time to time.

The suggestion of the nurses is that the Public Health Service should be given authority to provide for training and instruction both of undergraduates and graduate nurses in institutions that meet proper standards, simply because at this time it is difficult to know the nature and extent of the nursing problems of the country. We certainly do not want to continue to produce as large a number of nurses as we are doing currently under wartime programs, yet undoubtedly there will be need, some of which cannot be predicted in detail at this time, and it would be possible to meet such needs promptly and more effectively if such broad authority were maintained. I should point out we now have authority under title 6 of the Social Security Act, the Venereal Diseases Act, and in the pending tuberculosis control bill to provide for the training of personnel in

those particular fields of public health. But our current authority does not extend beyond giving training to personnel employed by State and local health departments.

The suggestion here is that authority should be broadened to the other fields of nurses' training, nurses' education.

Senator WEEKS. Were you going to give the committee some comments on the proposal of Senator Pepper as to how and in what manner that would aid the functions of the Public Health Service?

Dr. PARRAN. If the committee wishes, I should be glad to do it.

It is just a question of how far the committee wishes to go in giving Public Health Service added authority to aid the States in connection with public health work.

Senator WEEKS. What I was interested in personally was, assuming for example that Senator Pepper's proposal were adopted, what functions would that authorize the Public Health Service to undertake which it never before had undertaken?

Dr. PARRAN. It was not quite clear to me just how far Senator Pepper wished to provide additional authority, except in one respect. He referred to the probable need that will exist after the war for the Public Health Service to aid the States in the construction of hospitals, special community hospitals and health centers. He referred to them as public health facilities, I believe.

Senator WEEKS. I may have misunderstood him, but I gathered from what he said that he wanted to have the Public Health Service authorized to undertake possibly, on a share-for-share basis, every function that is presently undertaken by the State health departments, or whatever their title may be. Is that the way you interpreted his proposal?

Dr. PARRAN. Yes, and especially as regards construction, among other things.

Senator WEEKS. I would like to know what that would authorize the Public Health Service to do that it has never done before or has never conceived to be a part of its functions. Now, I do not want to involve you in anything that would require you to go into a lot of details. If you could put it down on paper and spell it out, I think the committee would like to see it just in case Senator Pepper brings forward his proposal again.

Dr. PARRAN. I shall be very glad to either attempt such a statement now or submit it to you later.

Senator WEEKS. You mean right this minute?

Dr. PARRAN. Yes.

Senator WEEKS. Unless it will take you a long time I think you might do that.

Dr. PARRAN. I do not think it will take a long time.

In Senator Pepper's discussion I think he overlooked the fact that the Social Security Act——

Senator WEEKS. Let me interrupt you for just a minute. Do I understand that the subcommittee is going to hold further hearings?

Dr. PARRAN. I do not think so; I think this is the last public hearing.

I think Senator Pepper had overlooked the authority which is now carried in the code under section 314, which is a very broad grant of authority to aid the States and include them in political subdivisions

in establishing and maintaining adequate measures for the prevention, treatment, and control of diseases, including the training of personnel. Senator Pepper, I think, had in mind that the States have the responsibilities not only for public-health service but frequently for the construction of buildings to provide medical care to the indigent, for giving care to certain wards of the State, which generally have not been embraced in the term "public health services," and it was under the language which I understood him to suggest, the Public Health Service in addition to what it is now doing would aid the States on any program which the States would determine is a public-health program. For example, in the State of Massachusetts a cancer program has been a feature of the work of the State health department.

In other States other activities have been carried out, such as water supplies and sewage disposal. Our current appropriations are not adequate to enable us to do very much, if anything, beyond providing the basic public-health machinery, the basic public-health personnel, key personnel, in the health work of the States.

Senator WEEKS. Can you think of any other operations that you might embark on besides cancer, water supply, sewage disposal?

Dr. PARRAN. Medical and nursing care of the indigent would be another field, programs of school health, including dental-care programs for school children, and such programs as that.

Senator WEEKS. I understand that the Public Health Service in this bill or otherwise has not come forward with any proposals that embark on those different activities; is that right?

Dr. PARRAN. That is right.

Senator WEEKS. You do not now make that proposal? You are simply making comment as to Senator Pepper's suggestions?

Dr. PARRAN. That is right. In fact, all my testimony this morning is given without being informed as to whether or not the several matters under discussion are in accordance with the program.

That is all I have to say at this time. I may revise my remarks as I check with the facts more accurately, to be sure what I have said is accurate.

Senator WEEKS. You wish to make a statement now?

STATEMENT OF ALANSON W. WILLCOX, ACTING GENERAL COUNSEL, FEDERAL SECURITY AGENCY

Mr. WILLCOX. Senator, you have had considerable discussion in the past few weeks in regard to the section of this bill, No. 351, which incorporates and reenacts the old act passed in 1902.

Under that act the Public Health Service licenses and controls the manufacture of virus serums, toxins, and so on. That is in the main simply reenacted by this section. There are some slight changes about this section which were pointed out in the hearings in the House and the representatives of the industry have raised some questions about it. We have had a good deal of discussion. I think they have been most cooperative in arriving at two suggested changes which we would now like to make in the interest of not delaying the possible enactment of this bill. With that view, I should say, if the bill should fail to be enacted at this time, we might want to explore some of these questions further with the industry and perhaps further

refinements may be made that would result from that. I think both they and we would be satisfied with the suggestions I am now going to make.

Senator WEEKS. How long would it take to make that further exploration?

Mr. WILLCOX. Too long, I think, to meet the needs if the bill were to be enacted this week.

There are a number of interested concerns and they have expressed themselves as willing to go along with the proposals we are now making.

I will make the following suggestions, bearing in mind what I previously said:

The first suggestion goes to page 51, at line 6, and it is to strike out the word "efficaciousness." That does not appear in the present statute and that would make the line read:

The continued safety, purity, potency of such products * * *.

The other change is on the following page, beginning at line 4, subsection (g), page 52, and provides:

The persons and the products to which this section is applicable shall be subject also to the provisions of the Federal Food, Drug, and Cosmetic Act—

and then it has the exception of one proviso.

That, I am convinced, is the present law, though there has been some difference of opinion on the subject. I have made a study on the point, and I should like to file for the record a brief statement of our reasons for being confident that is the present law.

Senator WEEKS. It may be put in at this point.

(The statement referred to follows:)

Application of Federal Food, Drug, and Cosmetic Act to biological products.

In view of the question which has been raised it seems well to give you in writing the reasons which have led the general counsel and myself to express the opinion that the Federal Food, Drug, and Cosmetic Act, other than its provision for the licensing of new drugs, is applicable to biological products.

Section 201 (g) of the Federal Food, Drug, and Cosmetic Act defines the term "drug" in such fashion as to include the products in question. No one, so far as I know, has disputed this.

The argument turns on section 902 (c) of the Federal Food, Drug, and Cosmetic Act, which is urged as exempting biological products from that act. So far as pertinent, that subsection reads:

"(c) Nothing contained in this Act shall be construed as in any way affecting, modifying, repealing, or superseding the provisions of the virus, serum, and toxin Act of July 1, 1902 (U. S. C., 1934 ed., title 42, chap. 4); * * *."

This language is explicit. It preserves the virus, serum, and toxin act despite the latter legislation. It does not state or suggest that biological products were to be exempted from the new law.

If there could be any question that the language means only what it says, attention should be called to the immediately preceding subsection of the Federal Food, Drug, and Cosmetic Act. Section 902 (b) of that act reads:

"(b) Meats and meat-food products shall be exempt from the provisions of this Act to the extent of the application or the extension thereto of the Meat Inspection Act, approved March 4, 1907, as amended (U. S. C., 1934 ed., title 21, secs. 71–91; 34 Stat. 1260 et seq.)."

Plainly, when Congress intended to exempt certain products from the Federal Food, Drug, and Cosmetic Act it used apt words to express that intention. The contrast in wording between subsections (b) and (c) of section 902 is the clearest possible indication that subsection (c) was intended, as it states, not as an exemption but merely as a preservation of existing law.

The meaning of the statute is in my opinion too clear to permit of resort to extrinsic evidence in aid of interpretation. If such evidence were to be considered,

however, it would show that the Treasury Department repeatedly urged that biological products be exempted from the new food and drug legislation, and that the committee consistently declined to accede to the request. I am fortified in my opinion by the knowledge that it accords with the deliberate decision of the committee which sponsored the Federal Food, Drug, and Cosmetic Act.

Mr. WILLCOX. The wording of that subsection has caused some alarm in the industry for fear it would mean duplication of administrative control, which is the last thing we want or anybody else wants. I am going to suggest that subsection be revised to read this way:

Nothing contained in this Act shall be construed as in any way affecting, modifying, repealing, or superseding the provisions of the Federal Food, Drug, and Cosmetic Act.

We are making that suggestion, only because we are confident that it does now apply. The controls which the Public Health Service exercises are, I think, very effective but there is also a possibility in anything of that sort that some product which is dangerous to life may inadvertently get out into the market. The Federal Food and Drug, unlike this act, contains seizure of power. We are very firmly of the opinion that the authority in law to pick up off the market any dangerous product that might have gotten out desipte the most rigid controls should be continued and, as I say, it is only because of our confidence that this revised wording would continue that, that we are willing to suggest the revised wording. I think the revised wording may have a psychologically less suggestion of duplication. That is the reason for the change.

I did want the record to show we do not suggest what we have conceived to be any change of the substantive law. We do feel very decidedly that legal authority should be preserved for use in emergency that may never happen, but against which we should be prepared.

Senator WEEKS. If there are no other witnesses, we will adjourn now.

Thank you very much for your help.

(Whereupon, at 12 o'clock noon, the committee adjourned.)

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